Health and Human Services Commission
Department of State Health Services
State Hospitals Section
Mission, Vision, Goals and
2011 Management Plan

Statewide Performance Indicators
2nd Quarter FY 2011

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DSHS - State Hospitals Section
Hospital Management Data Services

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THE MISSION OF TEXAS STATE GOVERNMENT

Texas state government must be limited, efficient and completely accountable. It will foster opportunity and economic prosperity, focus on critical priorities and support the creation of strong family environments for our children. The stewards of the public trust will be men and women who administer state government in a fair, just, and responsible manner. To honor the public trust, state officials must seek new and innovative ways to meet state government priorities in a fiscally responsible manner.

HEALTH AND HUMAN SERVICES PRIORITY GOAL

To provide public assistance through an efficient and effective system that promotes the health, responsibility, and self-sufficiency of individuals and families.

HEALTH AND HUMAN SERVICES

OVERVIEW

The enactment of House Bill 2292 (H.B. 2292), 78th Legislature, Regular Session, 2003, began a dramatic transformation of the Texas Health and Human Services (HHS) system.

This legislation required the consolidation of administrative and service delivery structures and policy changes to address higher demands for services with limited funds. It also required new mechanisms, such as outsourcing, to achieve greater efficiency and effectiveness of the system as a whole.

In addition, H.B. 2292 provided the authority to ensure effective implementation of these changes by expanding the leadership role of HHSC and the Executive Commissioner for Health and Human Services. House Bill 2292 abolished 10 of 12 existing HHS agencies and transferred their powers and duties into four new agencies and to the Health and Human Services Commission.

Thus, the consolidated HHS system is composed of the following five entities:

- Health and Human Services Commission (HHSC),
- Department of Aging and Disability Services (DADS),
- Department of Assistive and Rehabilitative Services (DARS),
- Department of Family and Protective Services (DFPS), and
- Department of State Health Services (DSHS).

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

The mission of the Texas Health and Human Services Commission is to provide the leadership and direction and foster the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans.

HHS SYSTEM STRATEGIC GOALS

The following system strategic goals represent a unifying element for the system as a whole.

Preserve, enhance and maintain independence:

Enable the aging, people with disabilities, including those with intellectual disability and other developmental conditions, to live as independently as possible for as long as possible through an effective, individualized system of service provision in community and institutional settings.

Promote and protect good health:

Protect public health and promote the overall physical and mental health of Texans through the provision of education, early intervention, substance abuse treatment, health insurance and appropriate health services for eligible populations.

Achieve economic self-sufficiency:

Enable low-income individuals and clients of family violence, refugee and vocational rehabilitation programs to achieve self-sufficiency for themselves and their families by providing income assistance and/or related support services necessary on a temporary basis.

Ensure safety and dignity:

Ensure safety and protection from abuse, neglect or exploitation of children and adults through comprehensive regulatory and enforcement systems that include certification, training and assistance to health and child care providers and personnel.

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

VISION

A healthy Texas.

MISSION

To improve health and well-being in Texas.

GOALS

Goal 1: Preparedness and Prevention Services
DSHS will protect and promote the public's health by decreasing health threats and sources of disease.

Goal 2: Community Health Services
DSHS will improve the health of children, women, families, and individuals, and enhance the capacity of communities to deliver health care services.

Goal 3: Hospital Services
DSHS will promote the recovery and abilities of persons with infectious disease and mental illness who require specialized treatment.

Goal 4: Consumer Protection Services
DSHS will achieve a maximum level of compliance by the regulated community to protect public health and safety.

DSHS
MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION

MISSION

The mission of the MHSA Division is to support the agency mission to improve health and well-being in Texas. The Mental Health and Substance Abuse Division serves Texans by providing leadership and oversight for mental health or substance abuse services by building resiliency, and facilitating recovery in homes and communities.

GOALS

- provide essential Mental Health and Substance Abuse services to meet the needs of Texans.
- implement effective administrative strategies to help us accomplish our mission; and
- identify service delivery strategies that are both efficient and cost-effective.

STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

Customers Are Asked	Accreditation and Certification Are Maintained	Priority Focus Areas Are Reviewed	Qualified and Diverse Workforces Are Maintained
- Patients - Families - Guardians - LMHA's and LMRAs - Courts - Staff - Legislature - Advocates - Third Party Payers - Volunteers - Students - Hospital Districts - Regional Public Health Authority - Department of Aging and Disability Services State Schools for Intellectual disability	- Medicare - Joint Commission - Medicaid - ICF/MR - CAP - Agency Clinical & Administrative Performance Indicator Compliance	- Assessment and Care/Services - Communication - Credentialed Practitioners - Equipment Use - Infection Control - Information Management - Medication Management - Organization Structure - Orientation and Training - Rights and Ethics - Physical Environment - Quality Improvements Expertise & Activity - Patient Safety - Staffing	**Assess Competence** *Skills/Job Professional & Cultural **Assess Performance** *Grant clinical Privileges *Set expectations for education & training & ensure this continuing knowledge acquisition process *Implement strategies to ensure our workforce is - recognized - treated - rewarded in a manner that reflects a commitment to valuing workforce diversity.

STATE HOSPITALS SECTION

FY2011 MANAGEMENT PLAN

The State Hospitals Section FY 2011 Management Plan has been divided into performance objectives and performance measures.

PERFORMANCE OBJECTIVES:

Involve activities where specific tasks are to be performed; or, a specific purpose is to be achieved.

PERFORMANCE MEASURES:

Involve the presentation of data that will be monitored, analyzed for variation and used as the basis for continuous improvement.

REQUIRED REPORTING TO GOVERNING BODY:

All performance objectives and measures that are in **bold print** are required to be reported at Governing Body Meetings.

All performance objectives and measures in **BOLD PRINT AND CAPS** are "Statewide Performance Indicators", and have specific operational definitions approved by the Director of State Hospitals Section. These operational definitions are found in the Statewide Performance Indicator data book. Reports on these "Statewide Performance Indicators" are prepared by the Hospital Management Data Services of the State Hospitals Section.

LEGISLATIVE BUDGET BOARD
PERFORMANCE MEASURES
Directly Relating to State Hospitals

Outcome Measures:

Percent of consumers receiving MH campus services whose functional level stabilized or improved. **M-3A**
Reported Annually to the LBB.*

Percent of cases of tuberculosis treated at TCID as inpatients, in which the patients are treated to cure. **M-3B**
Reported Annually to the LBB.

Output Measures:

Average daily census of state mental health hospitals. **O-1E**
Reported Quarterly to the LBB.*

Average monthly number of state mental health hospital consumers receiving atypical antipsychotic new generation medications. **M-4A**
Reported Quarterly to the LBB.

Number of admissions to state hospitals. **M-5A**
Reported Quarterly to the LBB.

Number of Inpatient days at TCID. **M-1D**
Reported Quarterly to the LBB.

Number of admissions, the total number of patients admitted for inpatient care and treatment at TCID each month. **M-5C**
Reported Quarterly to the LBB.

Number of outpatient visits at STHCS a component of RGSC.
Reported Quarterly to the LBB.

Efficiency Measures:

Average daily hospital cost per occupied state mental health hospital bed. **M-1B**
Reported Quarterly to the LBB.*

Average monthly cost of new generation atypical antipsychotic medications per mental health hospital customer receiving new generation medication services. **M-4B**
Reported Quarterly to the LBB.*

Average cost per inpatient day, TCID.
Reported Quarterly to the LBB.

Average cost of outpatient visits for STHCS, a component of RGSC. **M-1E**
Reported Quarterly to the LBB.

Average length of stay, TCID. **M-5C**
Reported Quarterly to the LBB.

Explanatory Measures:

Number of patients served by state mental health hospitals per year.
Reported Annually to the LBB.

***Key measures that are reported in the Appropriations Bill. If not met, plus or minus 5%, an explanation must be provided.**

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
GOAL 1: PROVIDE LEADERSHIP - The leadership of the State Hospitals will provide the framework for planning, directing, coordinating, providing and improving services which are cost effective and responsive to community and patient needs and improve patient outcomes. A governing body and management structure will ensure that the organization provides quality services in a culture focused on a safe and therapeutic environment. This goal also addresses the relationship between the Superintendent, the Governing Body and the functional responsibilities of executive level management. Specific management responsibilities include maintaining and/or setting up the structure needed for effective operations; establishing an integrated safety program; developing information and support systems; recruiting and maintaining appropriately trained staff; conserving physical and financial assets; and, maximizing reimbursement potential.			
O - 1A	**MONITOR OUTSIDE MEDICAL COSTS FOR CIVIL AND FORENSIC PATIENTS.**	LD.04.01.03	**State Hospitals**
O - 1B	**MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, IMD CERTIFICATION AND ICF/MR CERTIFICATION (WHERE APPROPRIATE) DURING FY11.**	**LD.04.01.01**	**State Hospitals**
O - 1C	**REPORT FY11 COLLECTIONS COMPARISON TO FY10 FOR MEDICARE, TEXAS HEALTH STEPS, IMD, AND PRIVATE SOURCE FUNDS METHODS OF FINANCE.**	**LD.04.01.03**	**State Hospitals**
O - 1D	Update the Funding Methodology which identifies the relationship between the State Psychiatric Hospitals and the Local Mental Health Authority (LMHA), no later than July 1, 2011.	LD.04.01.03	State Hospitals Section
O - 1E	**OPERATE AN AVERAGE DAILY CENSUS (ADC) THAT HAS BEEN ALLOCATED AND PROJECTED FOR THE HOSPITAL INPATIENT SERVICES.**	**LD.04.01.03**	**Psychiatric Hospitals**
O - 1F	Revise and approve the State Hospitals Governing Body Bylaws Template by August 1, 2011.	LD.01.01.01	State Hospitals Section
O - 1G	Review and evaluate current Dangerousness Review Board operations and identify opportunities for improvement and recommend strategies for same to the Director of State Hospital Section by January 1, 2011.	LD.04.01.07	Forensic Services Committee
O - 1H	Identify needs and opportunities for coordinating shared training of inpatient staff and community based staff on forensic issues, and make recommendations for same to the Director of State Hospitals by January 1, 2011.	HR.01.05.03	Forensic Services Committee

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 1I	**Pilot the assessment of organizational cultural competency and report summary of findings and action plan to Governing Body at the second meeting of FY11.**	**RI.01.01.01**	**State Hospitals**
O - 1J	Author at least one article for publication in agency newsletters aimed at changing the community held perception of the forensic patient as a mentally ill criminal.	LD.03.04.01	Forensic Services Committee
O - 1K	Revise the Staffing Plan for a Pod of 24 Patients.	LD.04.01.05	ECGB
O - 1L	Develop a policy and procedure template for use of sitters at local hospitals.		DSHS OGC & COC
M - 1A	**CALCULATE AVERAGE COST PER PATIENT SERVED.**	**LD.04.01.03**	**State Hospitals**
M - 1B	**CALCULATE COST PER OCCUPIED BED.**	**LD.04.01.03**	**State Hospitals**
M - 1C	**CALCULATE AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES.**	**LD.04.01.03**	**State Hospitals**
M - 1D	**CALCULATE NUMBER OF INPATIENT DAYS.**	**LD.04.01.03**	**TCID**
M - 1E	**Calculate average cost of outpatient visits.**	**LD.04.01.03**	**TCID and RGSC**
M - 1F	**Calculate contract cost.**	**LD.04.01.03**	**TCID**
GOAL 2: RECOGNIZE AND RESPECT THE RIGHTS OF EACH PATIENT BY CONDUCTING BUSINESS IN AN ETHICAL MANNER - Patients deserve care, treatment and services that safeguard their personal dignity and respect their cultural, psychological and spiritual values. The ethics, rights and responsibilities function is to improve care, treatment, services and outcomes by recognizing and respecting the rights of each patient and by conducting business in the ethical manner. The State Hospitals will assure that each patient is respected and recognized in the provision of treatment and care in accordance with fundamental human, civil, constitutional and statutory rights. Patients, and when appropriate, their families are informed about outcomes of care including unanticipated outcomes.			
O - 2A	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF CONFIRMED ALLEGATIONS OF ABUSE AND NEGLECT.**	**RI.01.06.03 PC.01.02.09**	**State Hospitals**
O - 2B	**Report the findings of all external regulatory visits (Medicare and Joint Commission complaint visits/contacts; Dept. of Justice for RGSC; Fire Marshall and etc.)**	**LD.04.01.01**	**State Hospitals**
O - 2C	**ANALYZE PATIENT COMPLAINTS AND GRIEVANCES.**	**RI.01.07.01**	**State Hospitals**
O - 2D	**Provide a monthly report to the State Hospital Section on the number of confirmations, type of allegations and disciplinary actions.**	**RI.01.06.03 PC.01.02.09**	**State Hospitals**

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
GOAL 3: PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT - The State Hospitals will ensure hospital staff, in conjunction with the patients and patient's aftercare providers, determine individualized treatment through comprehensive assessment. Data will be collected to assess each patient's needs and analyzed to create the information necessary to match evidence based treatment described from analysis of the information gathered from the patient, the family, hospital staff and/or local health authority. Treatment priorities will be established on the assessment findings. Patients will be involved in their treatment and patients' family (with the patient's authorization when appropriate) will be educated in order to improve patient outcomes. The highest quality individualized, planned and evidence based-treatment will be provided.			
O - 3A	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RESTRAINT AND SECLUSION RATE WITH A GOAL OF ZERO. Report progress on implementation of the Six Core Strategies and Philosophy of restraint and seclusion reduction quarterly to the COC and semiannually to the Governing Body.**	**HBIPS 1. PC.03-03-02**	**State Hospitals**
O - 3B	**UTILIZE THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.**	**PC.03.03.09,11,13, 15,17,19,23,25,27, 29 RC.02.01.05**	**Psychiatric Hospitals**
O - 3C	**REPORT ON PATIENTS TREATED IN ACCORDANCE WITH MEDICATION GUIDELINES AS MEASURED BY: MATCHING DIAGNOSIS TO APPROPRIATE ALGORITHM AT THE TIME OF DISCHARGE.**	**LD.04.04.07**	**Psychiatric Hospitals**
O - 3D	Make recommendations to the ECGB related to treatment team planning based on results of appointed workgroup.	PC.01.03.01	COC
O - 3E	Develop a CRS trauma assessment form in conjunction with MRAC.		COC
O - 3F	Present system summary of STARS grant progress made during the grant cycle with any recommendations to the ECGB by January 31, 2011.		COC
O - 3G	Develop guidelines for use of safety plan that are integrated into the treatment planning and discharge processes.		COC
O - 3H	Ensure establishment of (suicide prevention officer led) facility based phone conferencing/roundtable review of current literature and facility practices related to suicide prevention efforts within the facilities		COC

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
M - 3A	**MEASURE GLOBAL ASSESSMENT OF FUNCTIONS (GAF) IMPROVEMENT IN PATIENT TREATMENT OUTCOMES SHOWING THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE INCREASED AND THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE STABILIZED.**	**PC.01.02.03**	**Psychiatric Hospitals**
M - 3B	**Report the number of patients treated to cure.**	**P1.01.01.01**	**TCID**
M - 3C	**Analyze Hansen's Program data to identify vulnerabilities and opportunities for improvement.**	**P1.01.01.01**	**TCID**
GOAL 4: IMPLEMENT AN EFFECTIVE AND SAFE MEDICATION MANAGEMENT SYSTEM THAT IMPROVES THE QUALITY OF CARE, TREATMENT AND SERVICES - An effective and safe medication management system involves multiple services and disciplines working closely together to reduce practice variation, errors, and misuse. Hospitals monitor medication management processes, standardize equipment and processes associated with medication management and handle all medication in the same manner.			
O - 4A	**Evaluate medication management systems and report annually.**	**MM.08.01.01**	**State Hospitals**
O - 4B	**IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS.**	**PI.01.01.01,14**	**State Hospitals**
O - 4C	**Report on the implementation of the MediMAR system, including any recommendations for system improvement.**	**MM.06.01.01**	**Psychiatric Hospitals**
O - 4D	**Report and analyze P&T findings of Adverse Drug Reactions.**		**Psychiatric Hospitals**
O - 4E	**Report compliance with Core Measure of polypharmacy number and documentation of rationale at discharge.**		**Psychiatric Hospitals**
M - 4A	**ANALYZE AND REPORT THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTIC MEDICATION.**	**P1.01.01.01**	**Psychiatric Hospitals**
M - 4B	**ANALYZE AND REPORT THE COST OF ANTIPSYCHOTIC MEDICATIONS. Hospitals will report cost by hospital units and prescribing practioners to the Governing Body.**	**LD.04.01.03**	**Psychiatric Hospitals**
M - 4C	**ANALYZE AND REPORT THE COST OF TB MEDICATIONS.**	**LD.04.01.03**	**TCID**
M - 4D	**REPORT SCAN RATES FOR MEDICATIONS ADMINISTERED UTILIZING MEDIMAR SYSTEM.**	**MM.08.01.01**	**Psychiatric Hospitals**

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
GOAL 5: ASSURE CONTINUUM OF CARE - All State Hospitals will collaborate and work cooperatively with designated local mental health authorities to assure patient access to an integrated system of setting services and care levels. To facilitate discharge or transfer, the hospital assesses the patient needs, plans for discharge or transfer process, and, helps to ensure that continuity of care, treatment and services are maintained.			
O - 5A	**REPORT ON DISCHARGE OR TRANSFER OF DUALLY DIAGNOSED PATIENTS WITH MENTAL ILLNESS AND INTELLECTUAL DISABILITIES WITHIN 30 DAYS WHEN THESE "PATIENTS ARE DETERMINED TO BE DISCHARGE READY.**	**PC.02.02.01**	**Psychiatric Hospitals**
O - 5B	**Maintain a current Utilization Management Agreement with Local Mental Health Authorities (when applicable).**	**PC.02.02.01**	**Psychiatric Hospitals**
O - 5C	**REPORT QUARTERLY PATIENTS HAVING BEEN IN THE STATE PSYCHIATRIC HOSPITAL OVER 365 DAYS. IDENTIFIED BY FOUR CATEGORIES: 1) NEED CONTINUED HOSPITALIZATION, (CIVIL/FORENSIC); 2) ACCEPTED FOR PLACEMENT; 3) BARRIER TO PLACEMENT, AND 4)CRIMINAL COURT INVOLVEMENT. THE HOSPITAL AND THE LOCAL MENTAL HEALTH AUTHORITY WILL UPDATE A NEW CONTINUITY OF CARE PLAN FOR ANY PATIENT WHO IS ON THE LIST IN CATEGORY 3. THIS PLAN SHOULD BE DEVELOPED WITHIN 30 DAYS AFTER BEING IDENTIFIED.**	**PC.02.02.01**	**Psychiatric Hospitals**
M - 5A	**CALCULATE AND REPORT NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM.**	**PC.01.01.01**	**State Hospitals**
M - 5B	**CALCULATE PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY; 7 DAYS OR LESS; 8 TO 30 DAYS, 31 TO 90 DAYS; GREATER THAN 90 DAYS.**	**PC.01.01.01**	**Psychiatric Hospitals**
M - 5C	**REPORT NUMBER OF ADMISSION; AVERAGE LENGTH OF STAY; NUMBER OF OUTPATIENT ADMISSIONS; NUMBER OF DISCHARGES BY CATEGORIES (TUBERCULOSIS, MULTI-DRUG RELATED TUBERCULOSIS [MDRTB], EXTENSIVELY DRUG RESISTANT TUBERCULOSIS [XDRTB]).**	**PC.01.01.01**	**TCID**

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
M - 5D	**CALCULATE THE AVERAGE LENGTH OF STAY IN THE HOSPITAL FOR PATIENTS: ADMITTED AND DISCHARGED WITHIN 12 MONTHS, AND ALL DISCHARGES.**	**PC.01.01.01**	**Psychiatric Hospitals**
GOAL 6: IMPLEMENT AN INTEGRATED PATIENT SAFETY PROGRAM - The State Hospitals address the safety of all patients and all staff. Safety priorities should be integrated into all relevant hospital processes, functions and services. The program should improve safety by reducing the risk of system and process failures.			
O - 6A	Maintain prioritized budget lists to address needed environmental and physical plant improvements and capital equipment needs for which no centralized designated funds have been allocated.	EC.01.01.01	State Hospitals
O - 6B	**MAINTAIN WORKERS COMP CLAIMS EXPENSE PER FTE AT OR BELOW THE STATE HOSPITAL SYSTEM AVERAGE CLAIMS COST PER FTE FOR THE PRIOR FISCAL YEAR.**	**EC.04.01.01**	**State Hospitals**
O - 6C	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WITH A GOAL OF ZERO.**	**EC.04.01.01**	**State Hospitals**
O - 6D	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF PATIENT INJURIES RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WITH A GOAL OF ZERO.**	**HBIPS 1. PC.03.03.03**	**State Hospitals**
O - 6E	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEES INJURED DURING RESTRAINT OR SECLUSION WITH A GOAL OF ZERO.**	**HBIPS 1. PC.03.03.03**	**State Hospitals**
O - 6F	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF UNAUTHORIZED DEPARTURES WITH A GOAL OF ZERO.**	**HBIPS 1. PC.01.01.01**	**State Hospitals**
O- 6G	**ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND DEMONSTRATE EFFORTS TO REDUCE THE RATE OF FALLS WITH A GOAL OF ZERO.**	**NPSG.09.02.01**	**State Hospitals**
O - 6H	**Analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually.**	**LD.04.04.05**	**State Hospitals**

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
M - 6A	**CALCULATE, TREND AND REVIEW RATE OF PATIENT INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 0-17; AGE 18-64; AGE 65-OLDER.**	**EC.04.01.01,03**	**State Hospitals**
M - 6B	**CALCULATE, TREND AND REVIEW RATE OF ON THE JOB EMPLOYEE INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 18-39; AGE 40-64; AGE 65-OLDER.**	**EC.04.01.01,04**	**State Hospitals**
GOAL 7: OBTAIN, MANAGE AND USE INFORMATION - Information management is a set of processes and activities focused on meeting the organizations information needs which are derived from a thorough analysis of internal and external information requirements. State Hospitals will obtain, analyze, manage and assure the integrity and accuracy of data in order to use information to enhance and improve individual and organizational performance in patient treatment, safety, governance, management and support processes.			
O - 7A	Review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY11.	RC.01.04.01	CPIC
O - 7B	**Monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50% of the average monthly discharges. Data is trended and performance improvement initiatives are taken as appropriate.**	**RC.01.04.01 03-04**	**State Hospitals**
O - 7C	Analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency.	IM.01.01.02	State Hospitals
O - 7D	**MONITOR AND ANALYZE THE CRS DOWNTIME.**	**IM.01.01.02**	**Hospital Management Data Services**
O - 7E	Develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc., in conjunction with IT Operations and DSHS Legal Services.	MS.13.01.03	State Hospitals Section
O - 7F	**Evaluate and report annually to the Governing Body on the use of video-conferencing.**	**LD.01.04.01**	**State Hospitals**
O - 7G	**Report implementation of electronic medical record .**	**LD.01.04.01**	**TCID**

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 7H	**Report on performance improvement activity related to ORYX core measures that, over three or more consecutive quarters for the same measure, identify the hospital as a negative outlier.**	**PI.01.01.01**	**State Hospital**
O - 7I	**MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES.**	**IM.04.01.01**	**State Hospitals**
GOAL 8: ASSURE A COMPETENT WORKFORCE - The State Hospitals Section provides leadership, resources and expectations that hospitals create an environment that fosters self-development and continued learning to support the organization's mission. This function focuses on essential processes which include planning that defines the qualifications competencies and staffing needed to carry out the organization's mission; providing competent members either through traditional employer-employee arrangements or contractual arrangement; developing and implementing processes designed to ensure the competence of all staff members is assessed, maintained, improved and demonstrated throughout their association with the organization; and, providing a work environment that promotes self-development and learning.			
O - 8A	**ACHIEVE 95% OF ALL STAFF CURRENT WITH CORE, SPECIALTY AND OVERALL TRAINING REQUIREMENTS.**	**HR.01.05.03**	**State Hospitals**
O - 8B	**ACHIEVE TARGET OF 95% OF ALL STAFF HAVING A CURRENT EVALUATION.**	**HR.01.07.01**	**State Hospitals**
O - 8C	**Ensure all Competency and Training Development (CTD) Instructors and Nurse Educators complete the Professional Instructors Training Certification (PiCert®) no later than August 31, 2011.**	**HR.01.06.01**	**State Hospitals**
M - 8A	**COLLECT, ANALYZE AND REPORT STAFF TURNOVER RATES FOR CRITICAL SHORTAGE STAFF.**	**LD.04.03.01**	**State Hospitals**
M - 8B	**COLLECT, ANALYZE AND REPORT STAFF VACANCY RATES FOR CRITICAL SHORTAGE STAFF. (Report Physicians, Psychiatrists, Pharmacist, Registered Nurses, Licensed Vocational Nurses and Psychiatric Nursing Assistants).**	**LD.04.03.01**	**State Hospitals**
M - 8C	**REPORT NUMBER OF STAFF MEMBERS CURRENTLY UTILIZING EDUCATION LEAVE AND THE AREA OF STUDY (i.e. nursing, psychology, etc.)**	**HR.01.05.03**	**State Hospitals**
GOAL 9: IMPROVE ORGANIZATIONAL PERFORMANCE - Performance improvement focuses on outcomes of care, treatment and services. This goal focuses on designing an effective and continuous program to systematically measure performance through data collection, assess current performance and improve performance, patient safety and business process outcomes.			

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 9A	**REPORT SATISFACTION SURVEY FROM CHILD PATIENTS AND THEIR PATIENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE. SATISFACTION WITH TREATMENT AND SAFE MILIEU PROVIDED IN STATE PSYCHIATRIC HOSPITALS WILL BE DEMONSTRATED BY ACHIEVING THE AVERAGE SCORE ON THE PATIENT SATISFACTION SURVEYS (PSAT) OF "4" ON THE PARENT SATISFACTION SURVEY AND AN AVERAGE SCORE OF "1.7" ON THE CHILDREN SATISFACTION SURVEY.**	**RI.01.07.01**	**Psychiatric Hospitals**
O - 9B	**REPORT ADULT AND ADOLESCENT PATIENTS SATISFACTION WITH THEIR CARE AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF "3.60" ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).**	**PI.01.01.01**	**Psychiatric Hospitals**
O - 9C	Monitor, evaluate, and report compliance with the Joint Commission National Patient Safety Goals and other quality of care standards, through the Clinical Performance Improvement Committee (CPIC) defined process. The aggregate information will be collected through and evaluated by the CPIC and reported.	PI.01.01.01	State Hospitals
O - 9D	**Conduct a minimum of one patient tracer for each treatment team during FY11. Data collected utilizing tracer methodology will follow the care that individual patients receive, as well as evaluate patient care systems and processes. Information will be aggregated at the hospital level and a summary report will be provided to the Governing Body at the second meeting of FY11.**	**PI.01.01.01**	**State Hospitals**
O - 9E	**CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS.**	**PI.01.01.01**	**State Hospitals**
O - 9F	Review the Assessments of Facility Support Systems instruments and make recommendations.	LD.04.01.11	CPIC

Goals, Objectives, Measures	Indicator	Joint Commission Standard	Responsibility
O - 9G	**Monitor and analyze patient flow process from the time of arrival at the hospital to the time the patient arrives on the unit, including the identification of any barriers to improving patient flow and any opportunities and activities to improve patient flow.**	**LD.04.01.11**	**State Hospitals**
GOAL 10: INFECTION CONTROL - The State Hospitals provide the leadership and resources necessary to prevent and control health-care associated infections. This goal focuses on reducing the risk of health-care acquired infection through appropriate risk reduction strategies, including staff education, monitoring hand hygiene compliance, immunization, surveillance activities, and preventing the spread of multiple drug resistant organisms (MDRO).			
O - 10A	**Establish a hospital specific infection control plan based upon the hospital's risk assessment and report on its implementation. Present evaluation of the plan annually.**	**IC.01.05.01 IC.02.01.01 IC.03.01.01**	**State Hospitals**
O - 10B	**Report results of monitoring State Hospitals Section "Guidelines for Monitoring Hand Hygiene".**	**NPSG.07.01.01**	**State Hospitals**
M - 10A	**COLLECT, COMPARE, AND REPORT DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.**	**IC.02.01.01**	**State Hospitals**
M - 10B	**Report percentage of employees compliance with influenza immunization with a goal of 90% of employees immunized for influenza. Report percentage of employees who have declined immunization. (Compliance includes employees immunized both at the hospital and through outside providers).**	**IC.02.04.01**	**State Hospitals**
M - 10C	**Report rate of pneumococcal and influenza immunization for patients identified as high risk.**	**IC.02.01.01**	**State Hospitals**
M - 10D	**Report Multiple Drug Resistant Organism (MDRO) surveillance and prevention activities, including: MDRO infection rates; compliance with evidence based guidelines or best practices; and percentage of employees who have completed education regarding MDROs.**	**NPSG.07.03.01**	**State Hospitals**

GOAL 1: Provide Leadership

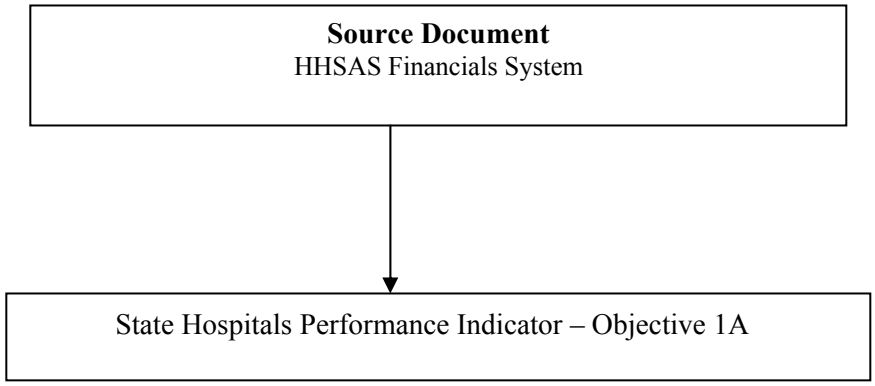
Performance Objective 1A:

Monitor outside medical costs for civil and forensic patients.

Performance Objective Operational Definition: The state hospitals outside medical costs will be monitored.

Performance Objective Data Display and Chart Description:
Table shows the quarterly cost for outside medical cost for individual state hospitals and system-wide.

Data Flow:



Objective 1A - Outside Medical Cost
All State Hospitals

Outside Medical Cost

	FY2010					FY2011				
Facility	**Q1**	**Q2**	**Q3**	**Q4**	**FY**	**Q1**	**Q2**	**Q3**	**Q4**	**FYTD**
ASH	$270,549	$766,338	$785,922	$749,672	$2,572,481	$407,824	$596,770			$1,004,594
BSSH	$156,461	$280,004	$324,991	$257,209	$1,018,665	$57,351	$146,174			$203,525
EPPC	$6,622	$67,462	$75,475	$30,401	$179,960	-$969	$103,615			$102,646
KSH	$112,588	$105,304	$77,772	$108,241	$403,905	$91,395	$168,035			$259,430
NTSH	$245,775	$633,694	$476,886	$592,507	$1,948,862	$119,006	$556,429			$675,435
RGSC	$57,763	$139,630	$139,287	$128,494	$465,174	$133,812	$92,383			$226,195
RSH	$639,678	$754,574	$701,085	$623,623	$2,718,959	$515,851	$438,292			$954,143
SASH	$107,488	$455,475	$382,054	$321,462	$1,266,480	$38,189	$255,707			$293,896
TSH	$146,271	$230,984	$344,767	$247,581	$969,603	$134,144	$53,477			$187,621
WCFY	$10,378	$17,348	$29,199	$33,469	$90,394	$17,212	$18,138			$35,350
All SH	**$1,753,572**	**$3,450,812**	**$3,337,437**	**$3,092,659**	**$11,634,481**	**$1,513,815**	**$2,429,020**			**$3,942,835**

Chart: Hospital Management Data Services

Source: Outside Medical ExpenseDatabase

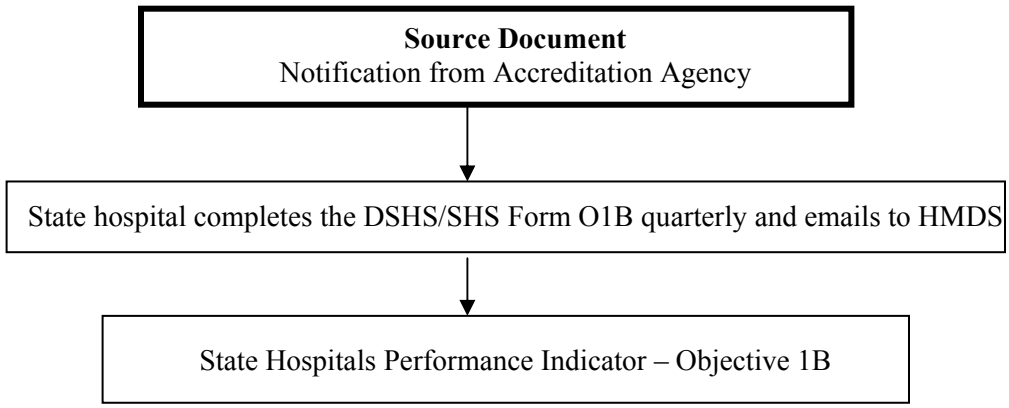
Performance Objective 1B:

Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2011.

Performance Objective Operational Definition: The state hospital's current status in JC accreditation, Medicare certification (based on the last Medicare-related survey [TDH or CMS]), ICF-MR certification, and IMD review. The CEO of each facility will inform the Director of State Hospitals in writing of any change in accreditation or certification status.

Performance Objective Data Display and Chart Description:
Table shows the date, grid score and year accredited by JC; Medicare last date certified and the number of certified beds; number of Medicare complaint visits; date of CMS On-Site Survey; date of TVFC Audit for WCFY; date of the last IMD Review; and ICF-MR last date certified and number of certified beds for individual state hospitals.

Data Flow:



Objective 1B - Maintain Accreditation and Certifications
(As of February 28, 2011)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
JC Accreditation											
Date of accreditation:	Nov-09	May-09	Nov-09	Sep-09	Feb-10	Jul-08	Feb-10	May-10	Apr-10	Aug-09	Jun-10
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY11	0	0	0	0	0	0	0	0	0	0	0
Medicare Certification											
No. certified beds:	201	156	41	48	100	55	166	208	94	72	N/A
No. of Complaint Visits for Q2	0	0	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	0	0	0	0	0	0	0	0	0	0	N/A
Date of CMS On-Site Survey	Apr-09	Jun-09	Jan-09	Feb-07	Sep-07	May-08		Jan-06	Mar-08		
Date of last IMD Review:	May-10	Jul-09	N/A	Dec-08	Sep-10	N/A	Oct-09	Nov-09	Aug-10	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Oct-10
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Dec-10	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

*Geriatric-certified/Medicare beds (these beds are included in the total certified medicare bed numbers)
**Texas Vaccines For Children Audit applies to WCFY only.

Source: Facility Survey
Table: Hospital Management Data Services
JCAHO Grid Score: Mental Health Services Department

Performance Objective 1C:

Report FY11 collections comparison to FY10 for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds methods of finance.

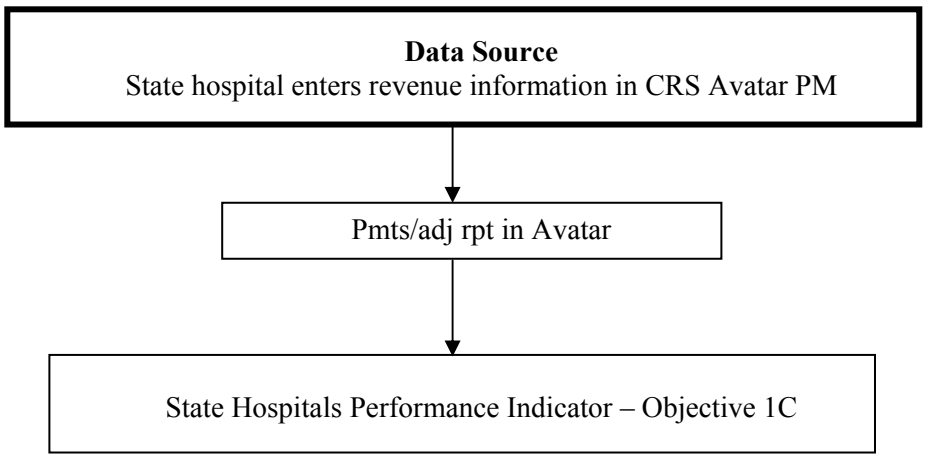
Performance Objective Operational Definition: The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals' internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

Performance Objective Formula: No formula.

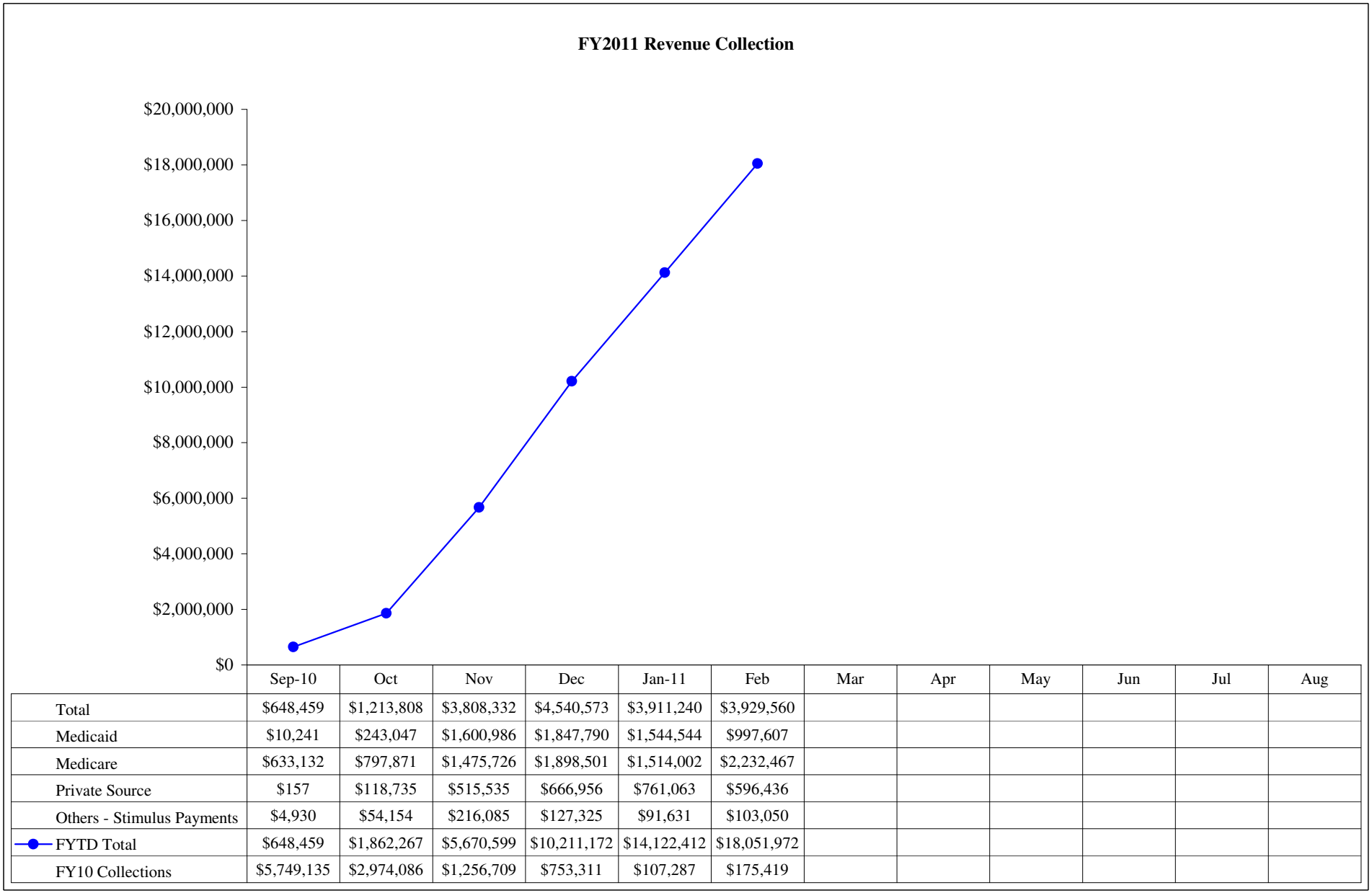
Performance Objective Data Display and Chart Description:

- Chart with monthly data points of revenue collection from each source for individual state hospital and system-wide.

Data Flow:



Objective 1C - FY2011 Revenue Targets
All MH Facilities

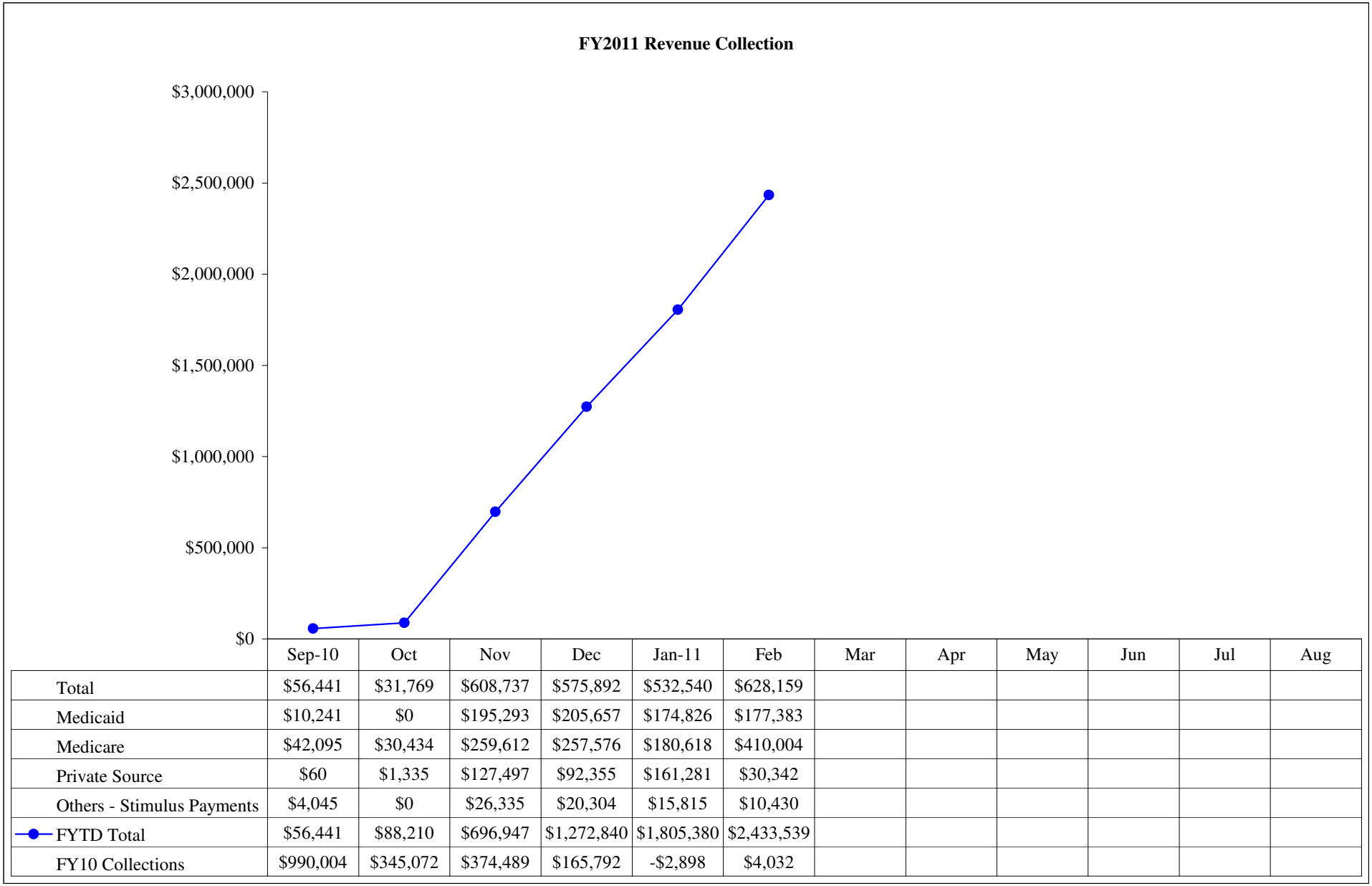


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$648,459	$1,213,808	$3,808,332	$4,540,573	$3,911,240	$3,929,560						
Medicaid	$10,241	$243,047	$1,600,986	$1,847,790	$1,544,544	$997,607						
Medicare	$633,132	$797,871	$1,475,726	$1,898,501	$1,514,002	$2,232,467						
Private Source	$157	$118,735	$515,535	$666,956	$761,063	$596,436						
Others - Stimulus Payments	$4,930	$54,154	$216,085	$127,325	$91,631	$103,050						
FYTD Total	$648,459	$1,862,267	$5,670,599	$10,211,172	$14,122,412	$18,051,972						
FY10 Collections	$5,749,135	$2,974,086	$1,256,709	$753,311	$107,287	$175,419						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
Austin State Hospital

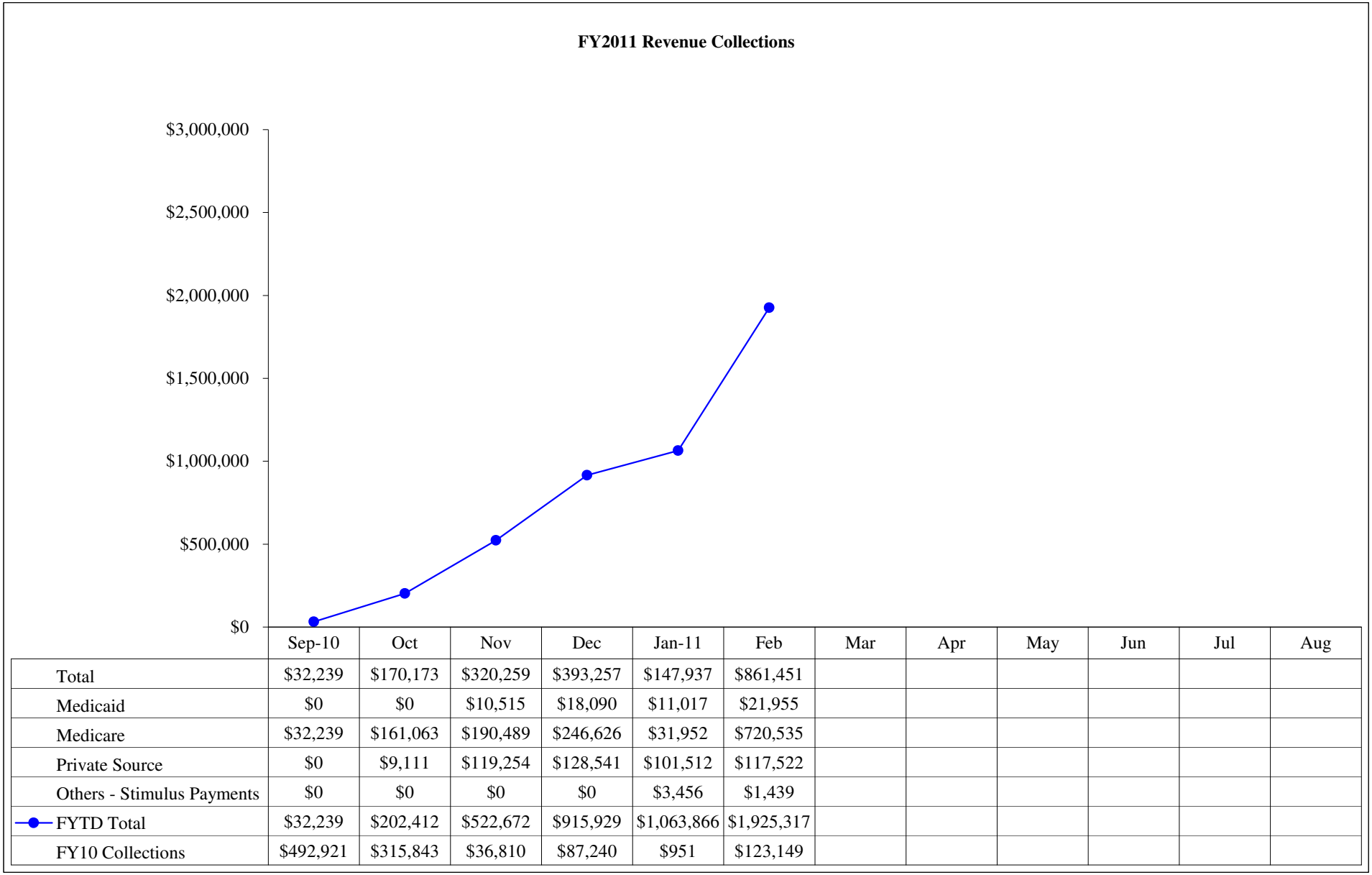


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$56,441	$31,769	$608,737	$575,892	$532,540	$628,159						
Medicaid	$10,241	$0	$195,293	$205,657	$174,826	$177,383						
Medicare	$42,095	$30,434	$259,612	$257,576	$180,618	$410,004						
Private Source	$60	$1,335	$127,497	$92,355	$161,281	$30,342						
Others - Stimulus Payments	$4,045	$0	$26,335	$20,304	$15,815	$10,430						
FYTD Total	$56,441	$88,210	$696,947	$1,272,840	$1,805,380	$2,433,539						
FY10 Collections	$990,004	$345,072	$374,489	$165,792	-$2,898	$4,032						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
Big Spring State Hospital

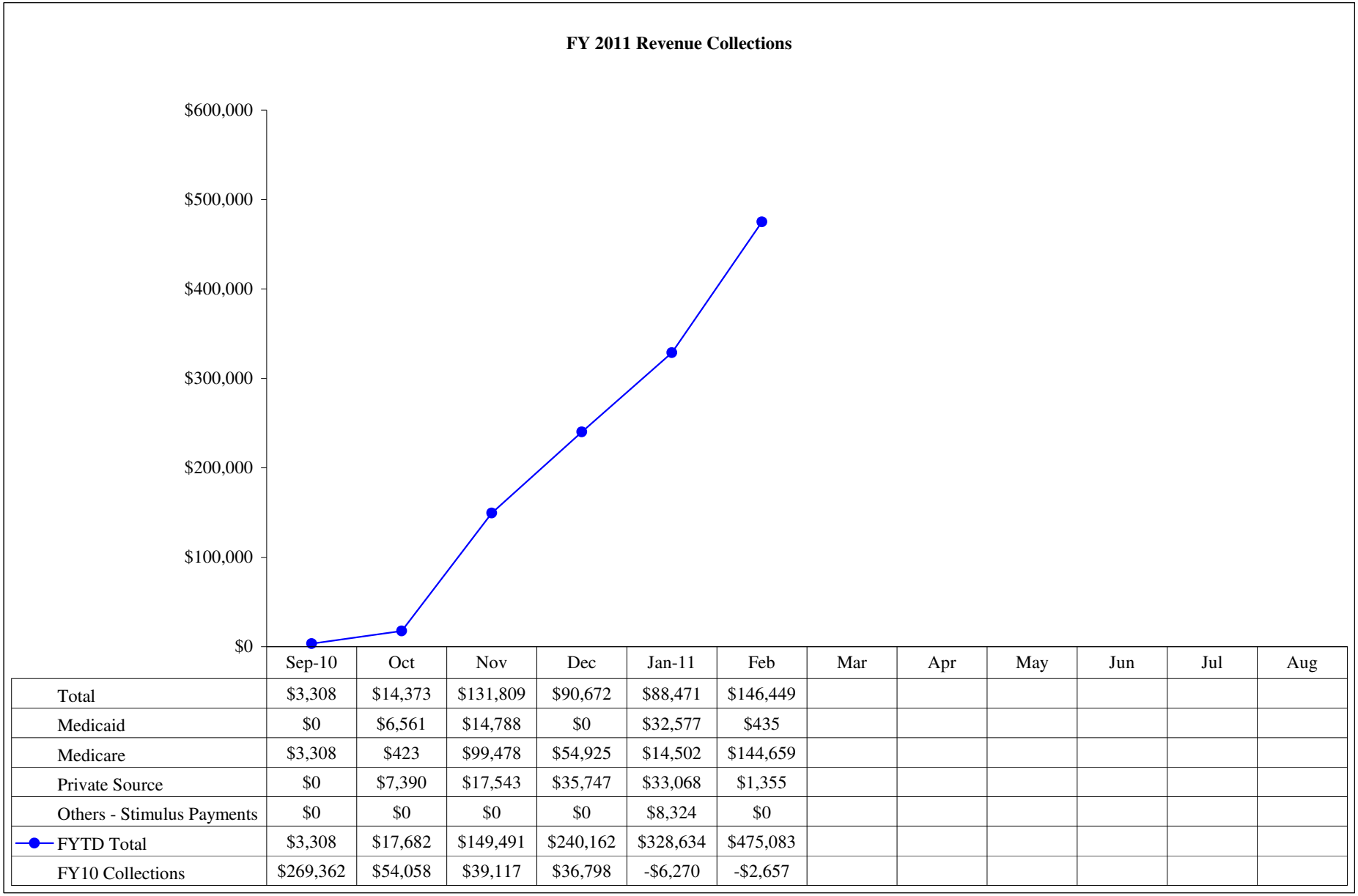


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$32,239	$170,173	$320,259	$393,257	$147,937	$861,451						
Medicaid	$0	$0	$10,515	$18,090	$11,017	$21,955						
Medicare	$32,239	$161,063	$190,489	$246,626	$31,952	$720,535						
Private Source	$0	$9,111	$119,254	$128,541	$101,512	$117,522						
Others - Stimulus Payments	$0	$0	$0	$0	$3,456	$1,439						
FYTD Total	$32,239	$202,412	$522,672	$915,929	$1,063,866	$1,925,317						
FY10 Collections	$492,921	$315,843	$36,810	$87,240	$951	$123,149						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
El Paso Psychiatric Center

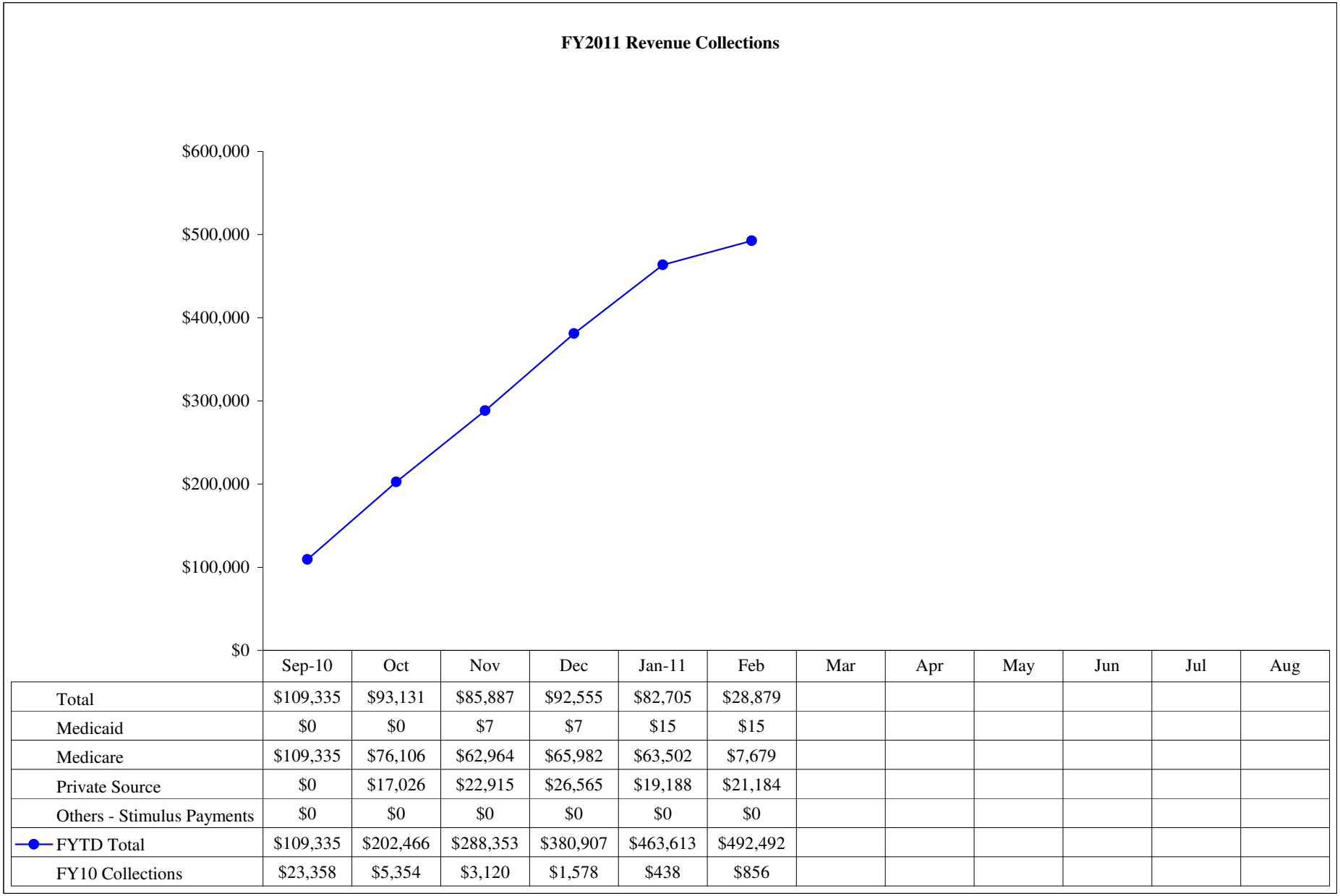


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$3,308	$14,373	$131,809	$90,672	$88,471	$146,449						
Medicaid	$0	$6,561	$14,788	$0	$32,577	$435						
Medicare	$3,308	$423	$99,478	$54,925	$14,502	$144,659						
Private Source	$0	$7,390	$17,543	$35,747	$33,068	$1,355						
Others - Stimulus Payments	$0	$0	$0	$0	$8,324	$0						
FYTD Total	$3,308	$17,682	$149,491	$240,162	$328,634	$475,083						
FY10 Collections	$269,362	$54,058	$39,117	$36,798	-$6,270	-$2,657						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
Kerrville State Hospital

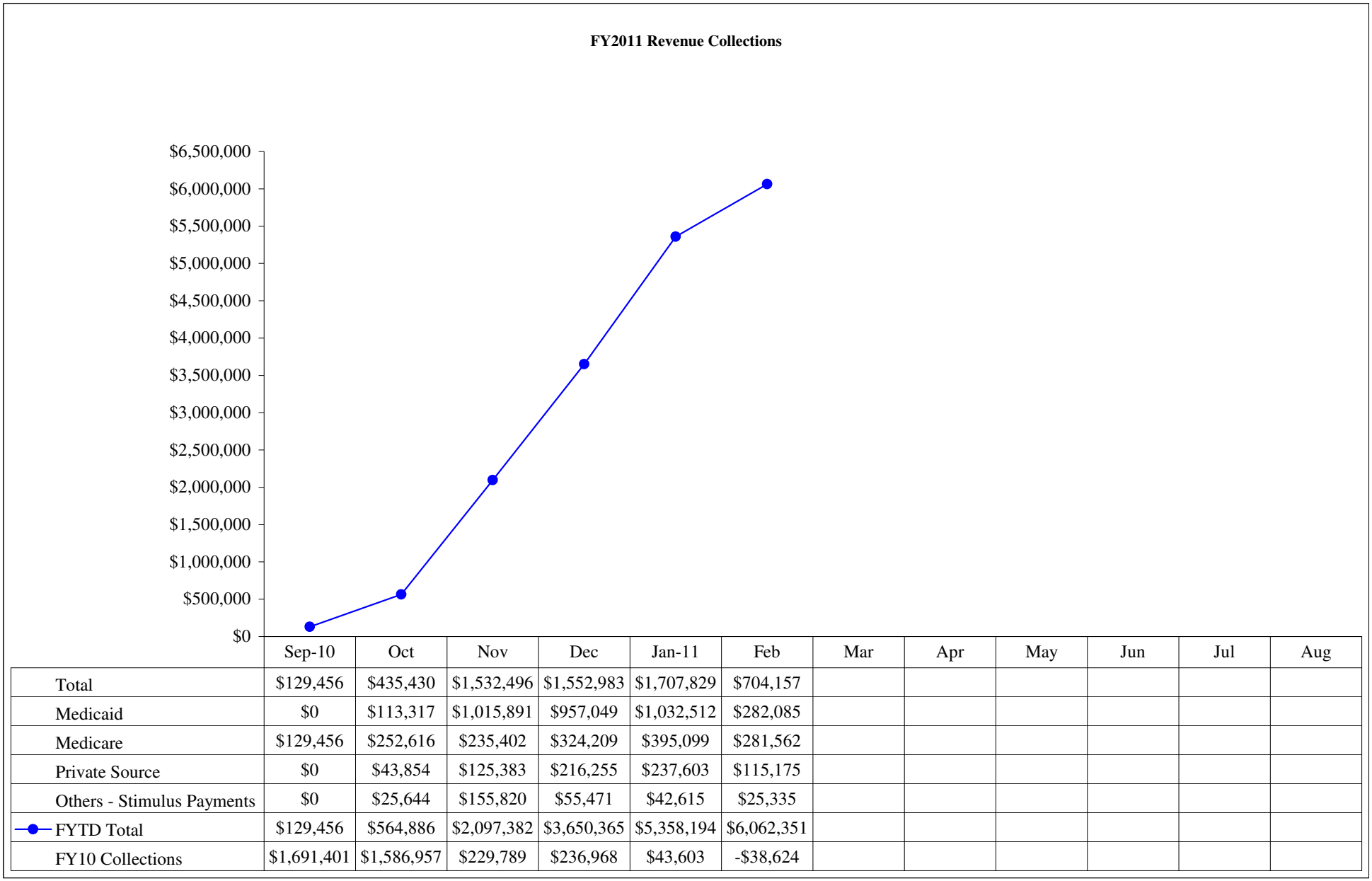


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$109,335	$93,131	$85,887	$92,555	$82,705	$28,879						
Medicaid	$0	$0	$7	$7	$15	$15						
Medicare	$109,335	$76,106	$62,964	$65,982	$63,502	$7,679						
Private Source	$0	$17,026	$22,915	$26,565	$19,188	$21,184						
Others - Stimulus Payments	$0	$0	$0	$0	$0	$0						
FYTD Total	$109,335	$202,466	$288,353	$380,907	$463,613	$492,492						
FY10 Collections	$23,358	$5,354	$3,120	$1,578	$438	$856						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
North Texas State Hospital

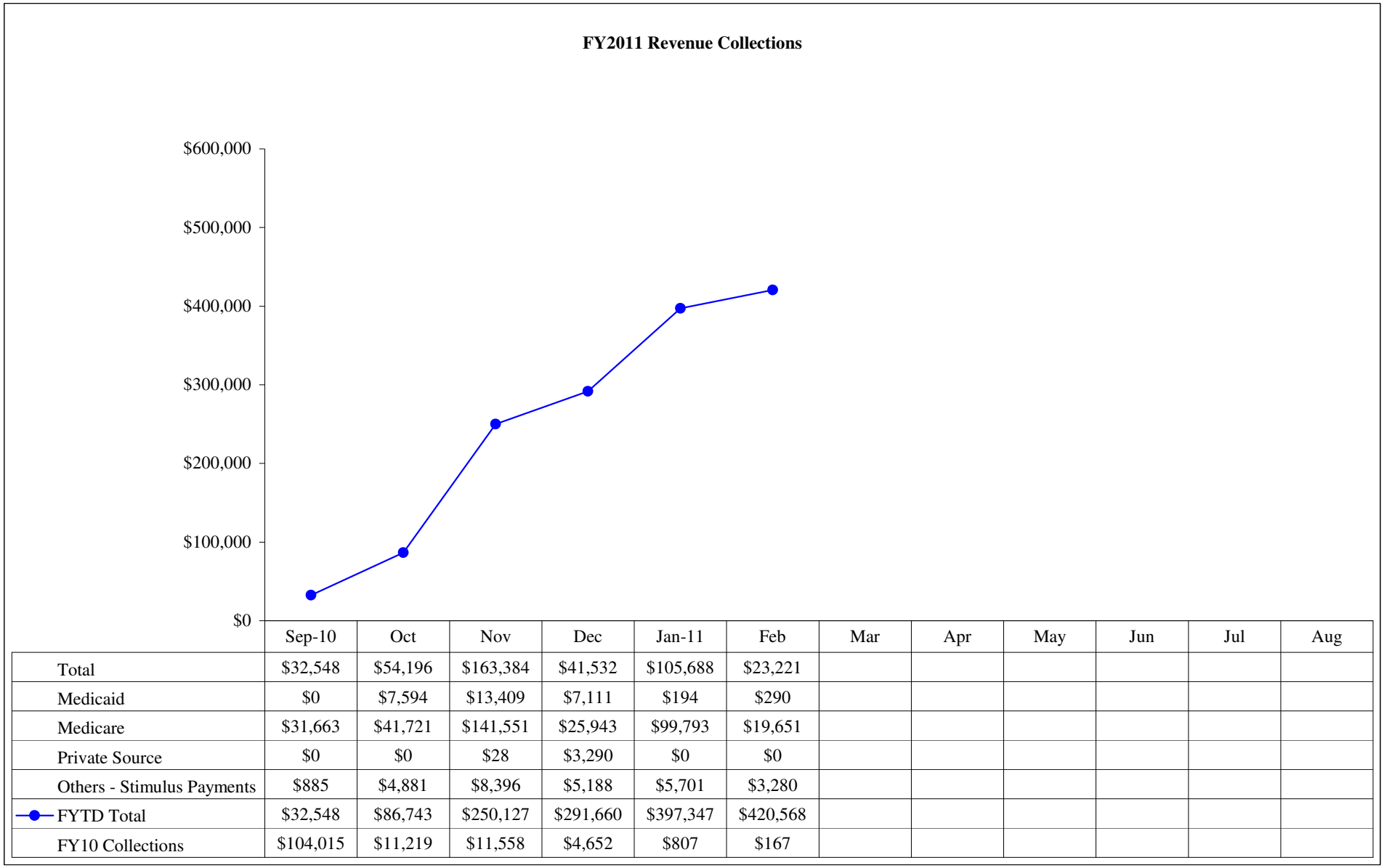


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$129,456	$435,430	$1,532,496	$1,552,983	$1,707,829	$704,157						
Medicaid	$0	$113,317	$1,015,891	$957,049	$1,032,512	$282,085						
Medicare	$129,456	$252,616	$235,402	$324,209	$395,099	$281,562						
Private Source	$0	$43,854	$125,383	$216,255	$237,603	$115,175						
Others - Stimulus Payments	$0	$25,644	$155,820	$55,471	$42,615	$25,335						
FYTD Total	$129,456	$564,886	$2,097,382	$3,650,365	$5,358,194	$6,062,351						
FY10 Collections	$1,691,401	$1,586,957	$229,789	$236,968	$43,603	-$38,624						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
Rio Grande State Center

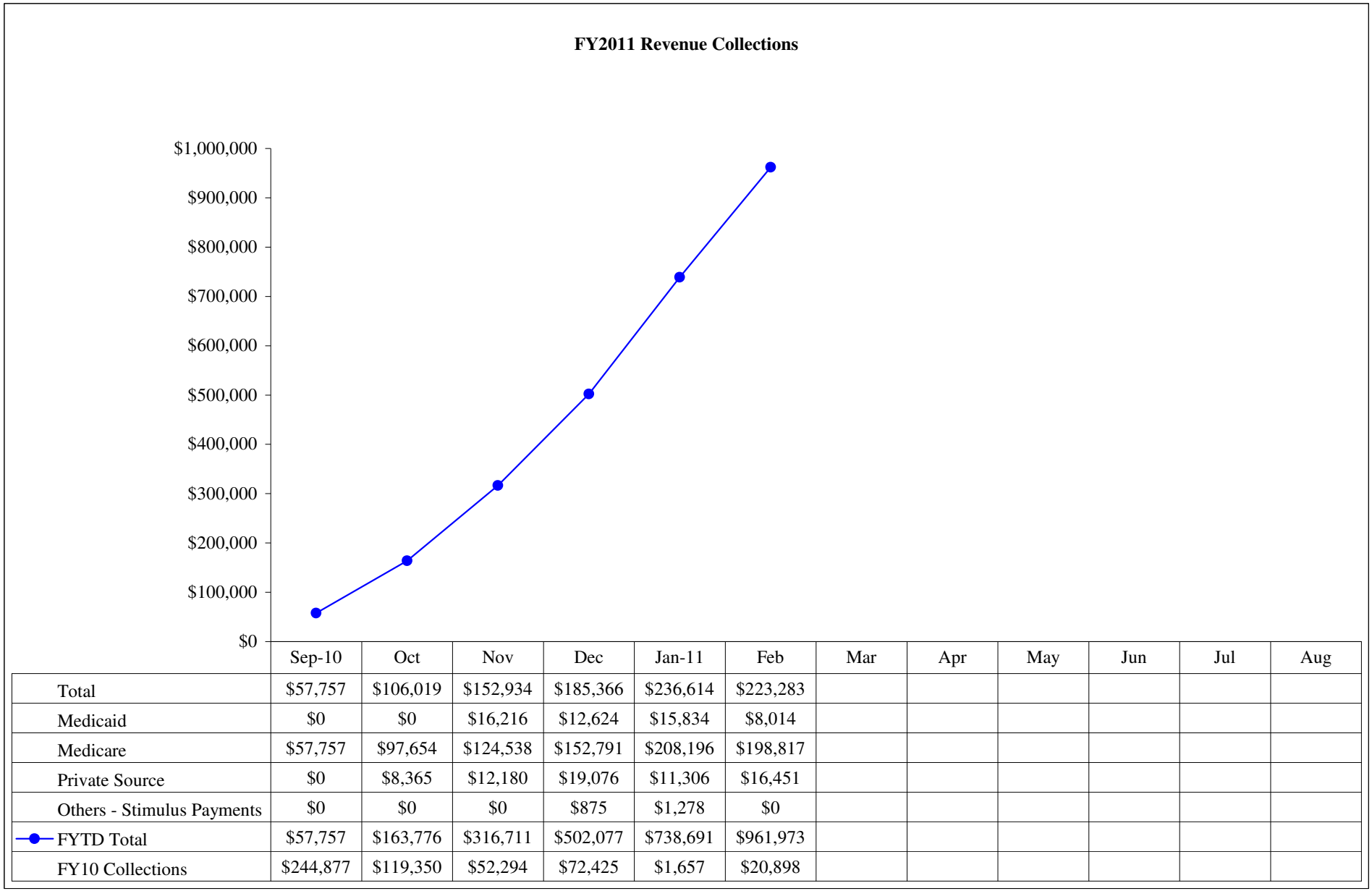


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$32,548	$54,196	$163,384	$41,532	$105,688	$23,221						
Medicaid	$0	$7,594	$13,409	$7,111	$194	$290						
Medicare	$31,663	$41,721	$141,551	$25,943	$99,793	$19,651						
Private Source	$0	$0	$28	$3,290	$0	$0						
Others - Stimulus Payments	$885	$4,881	$8,396	$5,188	$5,701	$3,280						
FYTD Total	$32,548	$86,743	$250,127	$291,660	$397,347	$420,568						
FY10 Collections	$104,015	$11,219	$11,558	$4,652	$807	$167						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
Rusk State Hospital

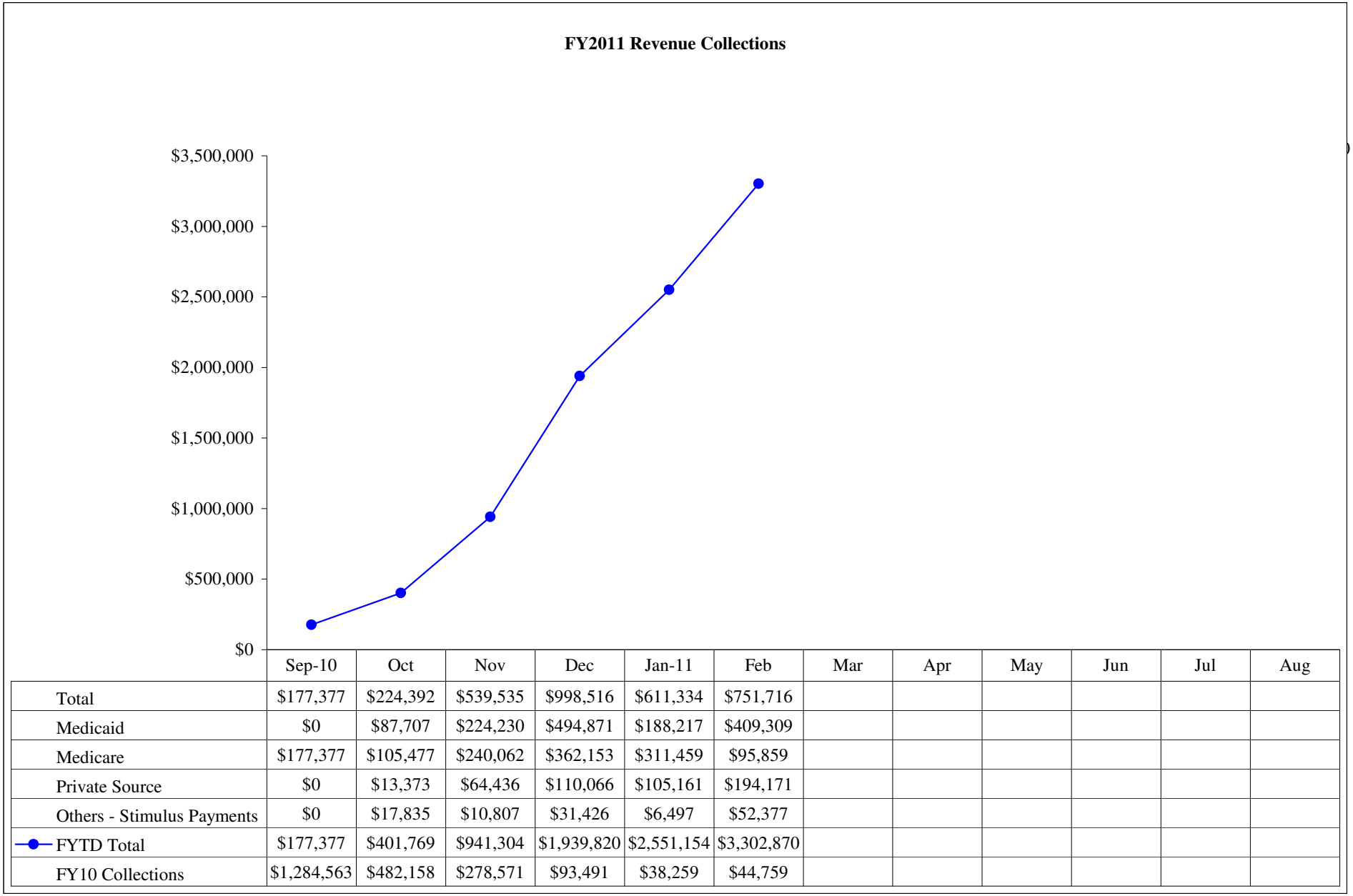


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$57,757	$106,019	$152,934	$185,366	$236,614	$223,283						
Medicaid	$0	$0	$16,216	$12,624	$15,834	$8,014						
Medicare	$57,757	$97,654	$124,538	$152,791	$208,196	$198,817						
Private Source	$0	$8,365	$12,180	$19,076	$11,306	$16,451						
Others - Stimulus Payments	$0	$0	$0	$875	$1,278	$0						
FYTD Total	$57,757	$163,776	$316,711	$502,077	$738,691	$961,973						
FY10 Collections	$244,877	$119,350	$52,294	$72,425	$1,657	$20,898						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
San Antonio State Hospital

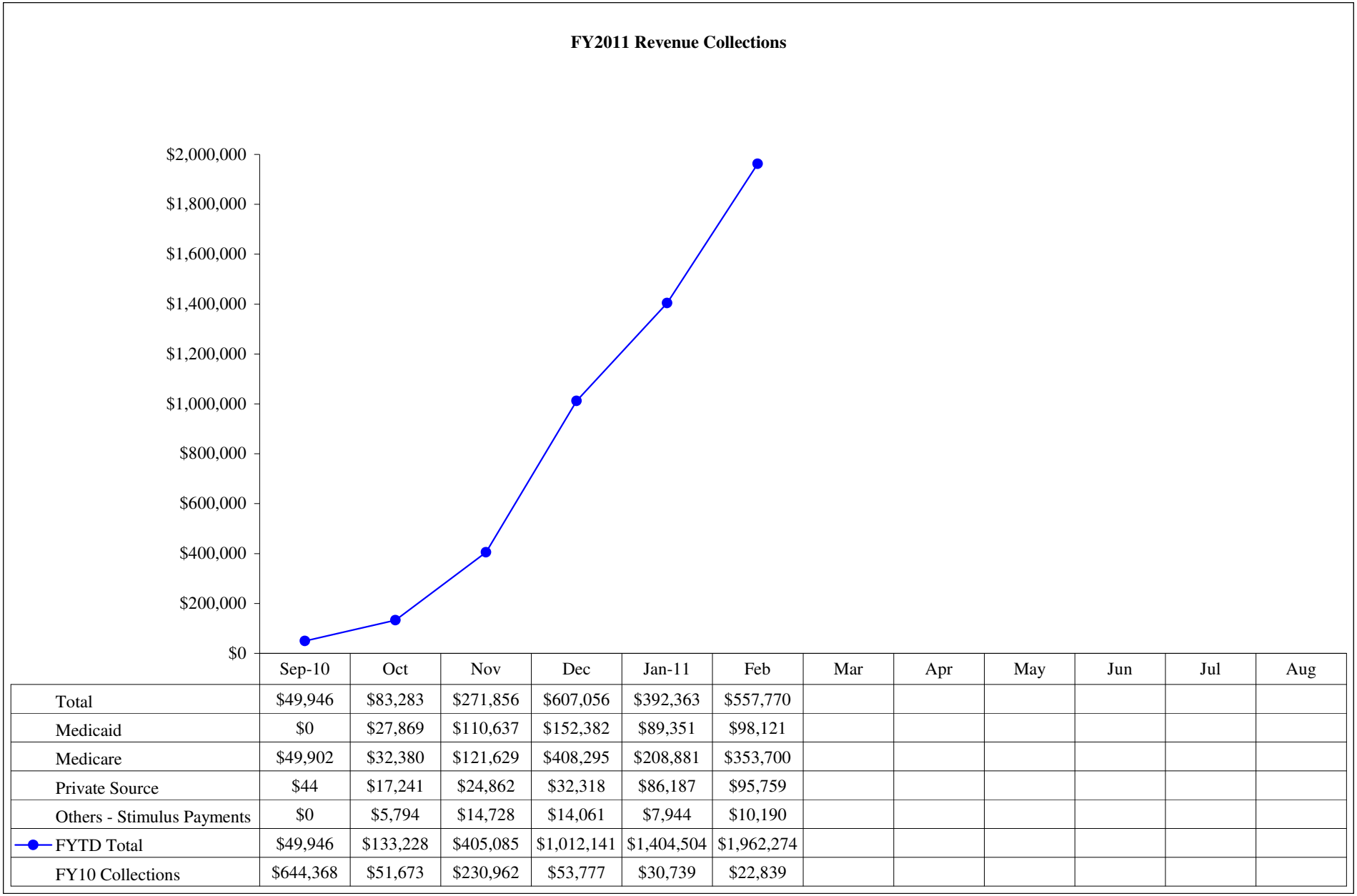


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$177,377	$224,392	$539,535	$998,516	$611,334	$751,716						
Medicaid	$0	$87,707	$224,230	$494,871	$188,217	$409,309						
Medicare	$177,377	$105,477	$240,062	$362,153	$311,459	$95,859						
Private Source	$0	$13,373	$64,436	$110,066	$105,161	$194,171						
Others - Stimulus Payments	$0	$17,835	$10,807	$31,426	$6,497	$52,377						
FYTD Total	$177,377	$401,769	$941,304	$1,939,820	$2,551,154	$3,302,870						
FY10 Collections	$1,284,563	$482,158	$278,571	$93,491	$38,259	$44,759						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
Terrell State Hospital

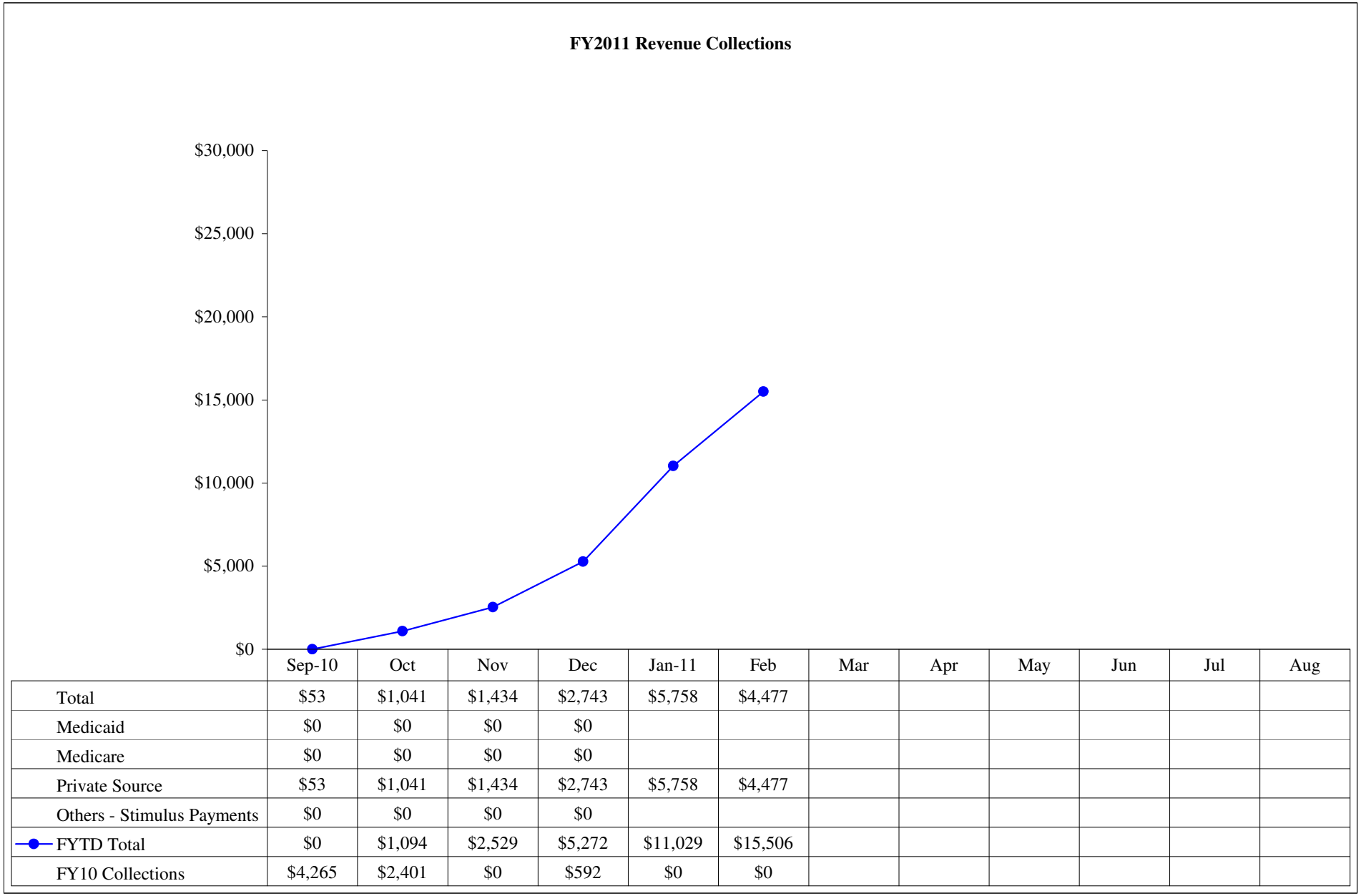


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$49,946	$83,283	$271,856	$607,056	$392,363	$557,770						
Medicaid	$0	$27,869	$110,637	$152,382	$89,351	$98,121						
Medicare	$49,902	$32,380	$121,629	$408,295	$208,881	$353,700						
Private Source	$44	$17,241	$24,862	$32,318	$86,187	$95,759						
Others - Stimulus Payments	$0	$5,794	$14,728	$14,061	$7,944	$10,190						
FYTD Total	$49,946	$133,228	$405,085	$1,012,141	$1,404,504	$1,962,274						
FY10 Collections	$644,368	$51,673	$230,962	$53,777	$30,739	$22,839						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2011 Revenue Targets
Waco Center For Youth



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$53	$1,041	$1,434	$2,743	$5,758	$4,477						
Medicaid	$0	$0	$0	$0								
Medicare	$0	$0	$0	$0								
Private Source	$53	$1,041	$1,434	$2,743	$5,758	$4,477						
Others - Stimulus Payments	$0	$0	$0	$0								
FYTD Total	$0	$1,094	$2,529	$5,272	$11,029	$15,506						
FY10 Collections	$4,265	$2,401	$0	$592	$0	$0						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Performance Objective 1E:

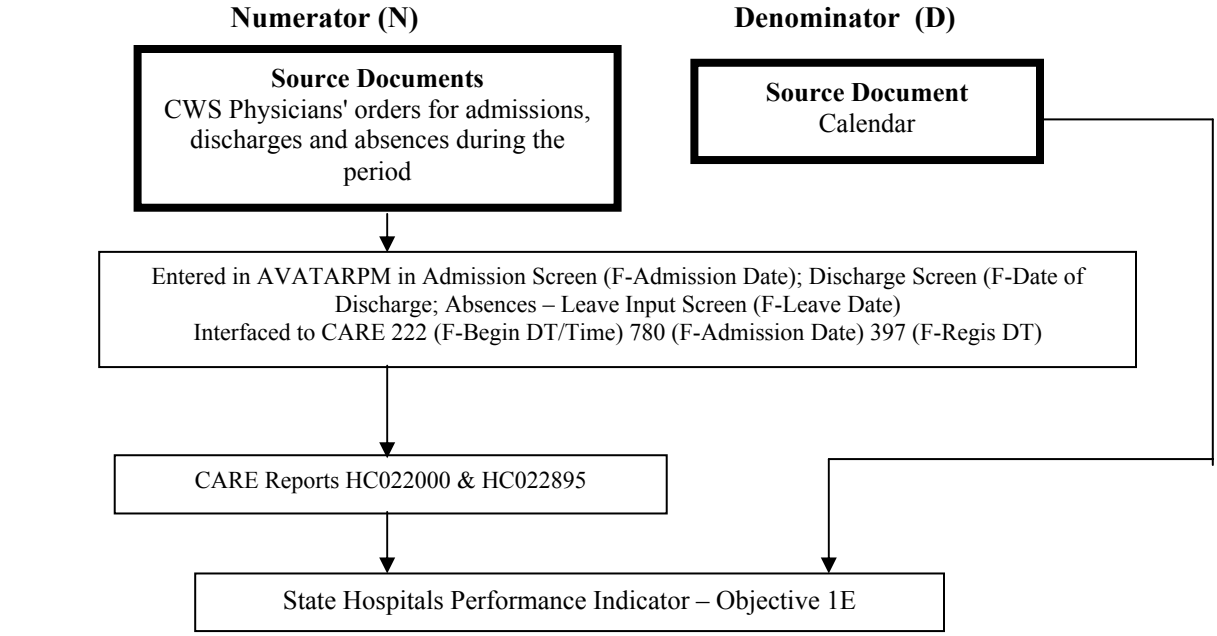
Operate an average daily census that has been allocated and projected for the hospital inpatient services.

Performance Objective Operational Definition: DSHS Hospital Section will project total ADC, GR ADC and 3rd Party ADC for FY08. Extract report will divide episodes into 3rd Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3rd Party ADC. Care Report HC022864 uses same extract as the hospital allocation methodology reports (NTSH Vernon Campus is not included in the extract). 3rd Party Average Census includes exempt bed days with exemption codes 05,09,10,11,12,13,15.

Performance Objective Formula: $\frac{\text{ADC}}{\text{Projected ADC}}$

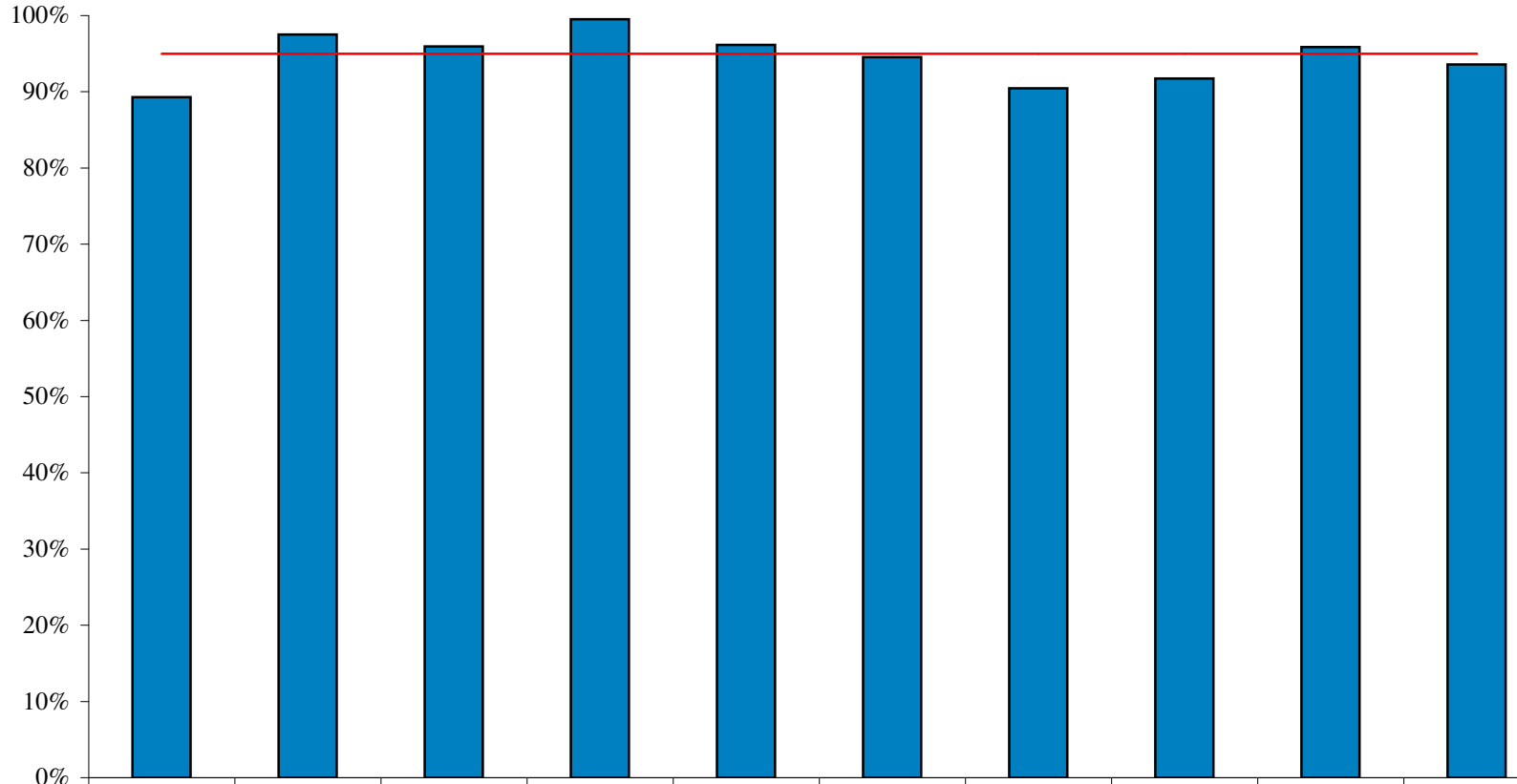
Performance Objective Data Display and Chart Description:
Chart with monthly data points of actual General Revenue and 3rd Party average daily census and funded census for individual state hospital and system-wide.

Data Flow:



Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals - As of February 28, 2011

Average Daily Census As Percent of Adjusted Funded Census
FY 2011

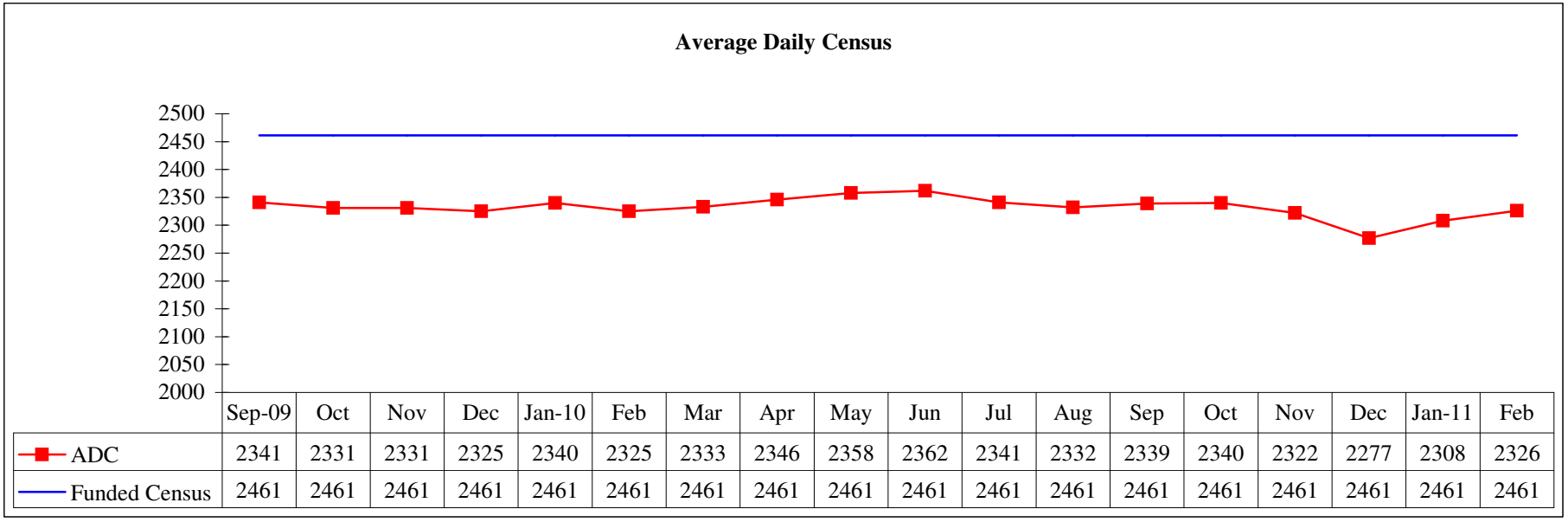


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Occupancy	89%	98%	96%	100%	96%	95%	90%	92%	96%	94%
ADC	267	195	71	201	577	52	303	277	303	73
Funded Census	299	200	74	202	600	55	335	302	316	78
All State Hospitals	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

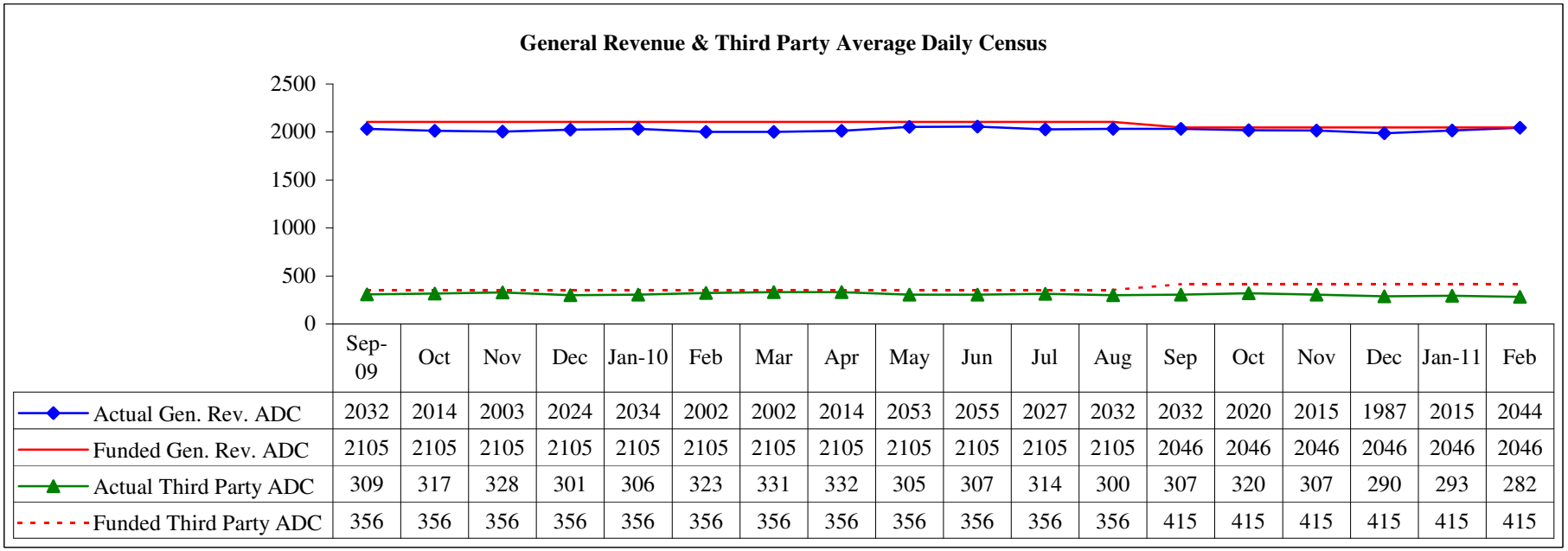
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	2341	2331	2331	2325	2340	2325	2333	2346	2358	2362	2341	2332	2339	2340	2322	2277	2308	2326
Funded Census	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461



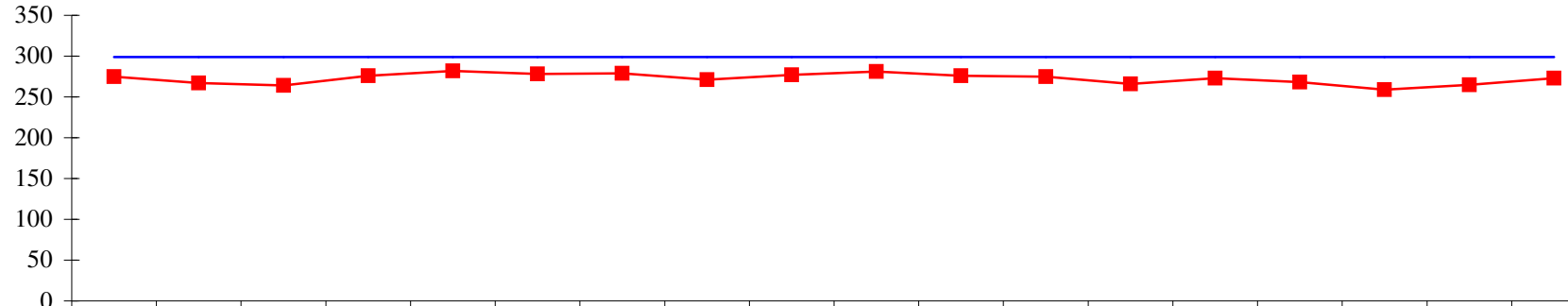
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	2032	2014	2003	2024	2034	2002	2002	2014	2053	2055	2027	2032	2032	2020	2015	1987	2015	2044
Funded Gen. Rev. ADC	2105	2105	2105	2105	2105	2105	2105	2105	2105	2105	2105	2105	2046	2046	2046	2046	2046	2046
Actual Third Party ADC	309	317	328	301	306	323	331	332	305	307	314	300	307	320	307	290	293	282
Funded Third Party ADC	356	356	356	356	356	356	356	356	356	356	356	356	415	415	415	415	415	415

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

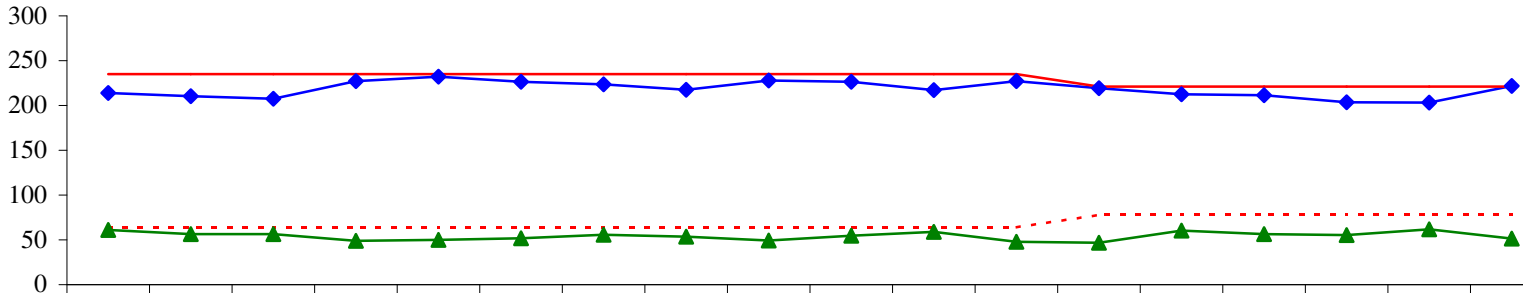
Objective 1E & Measure 1C - Average Daily Census
Austin State Hospital

Average Daily Census



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	275	267	264	276	282	278	279	271	277	281	276	275	266	273	268	259	265	273
Funded Census	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299

General Revenue & Third Party Average Daily Census

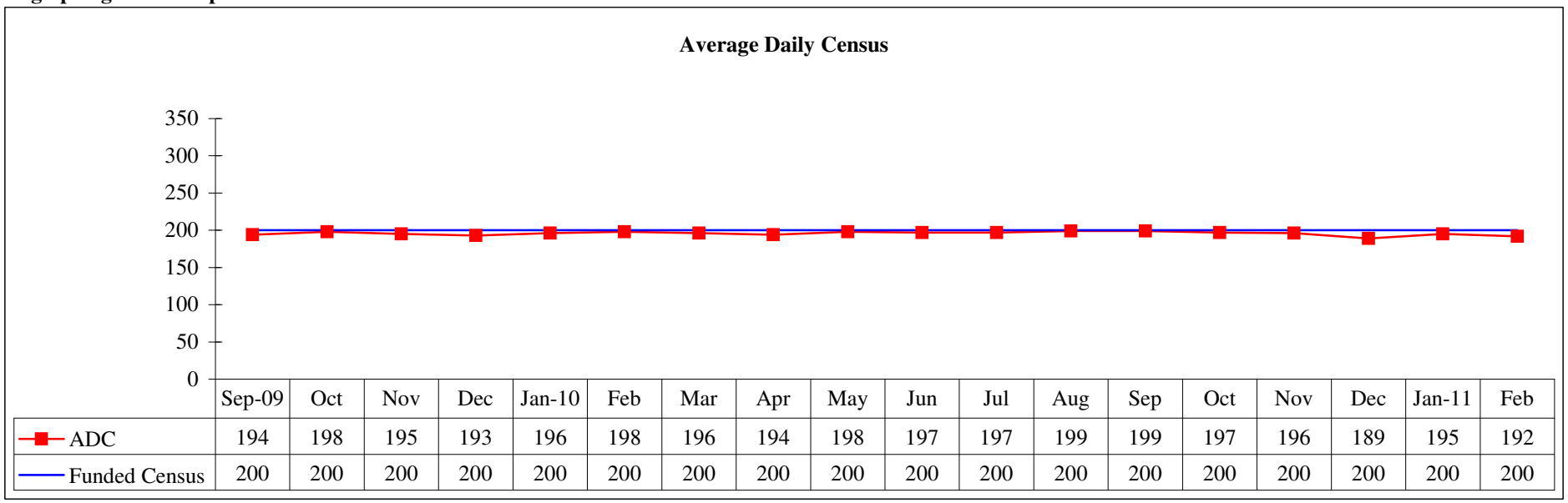


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	214	210	207	227	232	226	223	218	228	227	217	227	219	212	212	204	203	222
Funded Gen. Rev. ADC	235	235	235	235	235	235	235	235	235	235	235	235	221	221	221	221	221	221
Actual Third Party ADC	61	57	57	49	50	52	56	53	49	55	59	48	47	61	57	55	62	51
Funded Third Party ADC	64	64	64	64	64	64	64	64	64	64	64	64	78	78	78	78	78	78

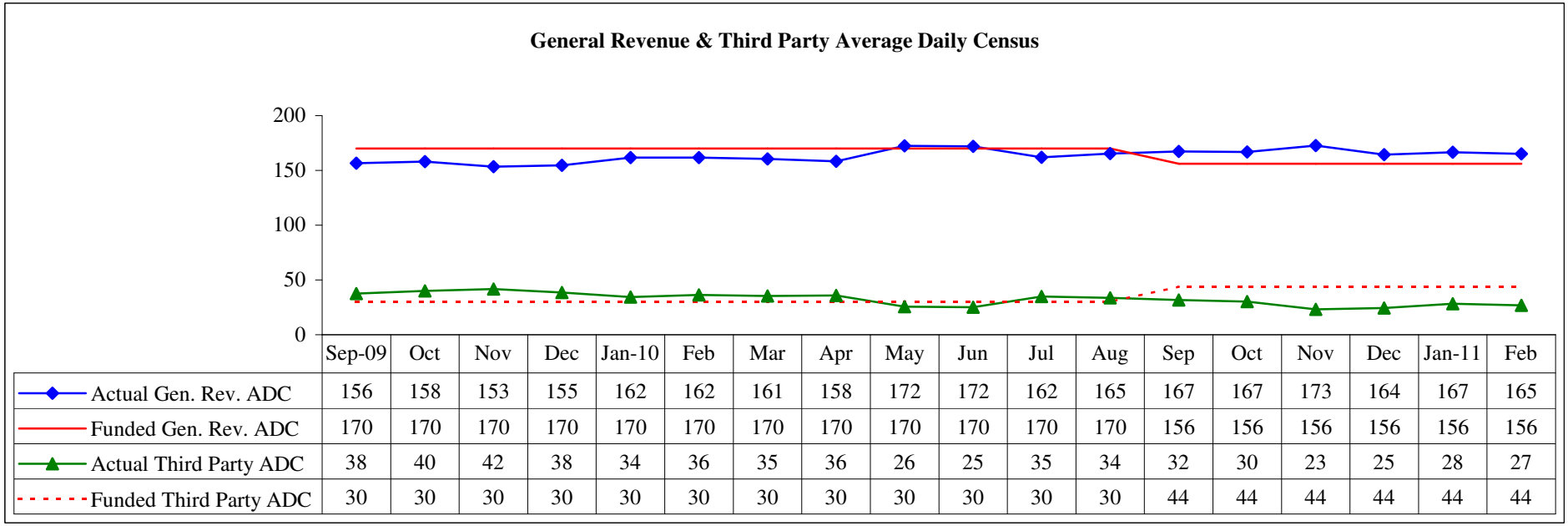
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Big Spring State Hospital



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	194	198	195	193	196	198	196	194	198	197	197	199	199	197	196	189	195	192
Funded Census	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200



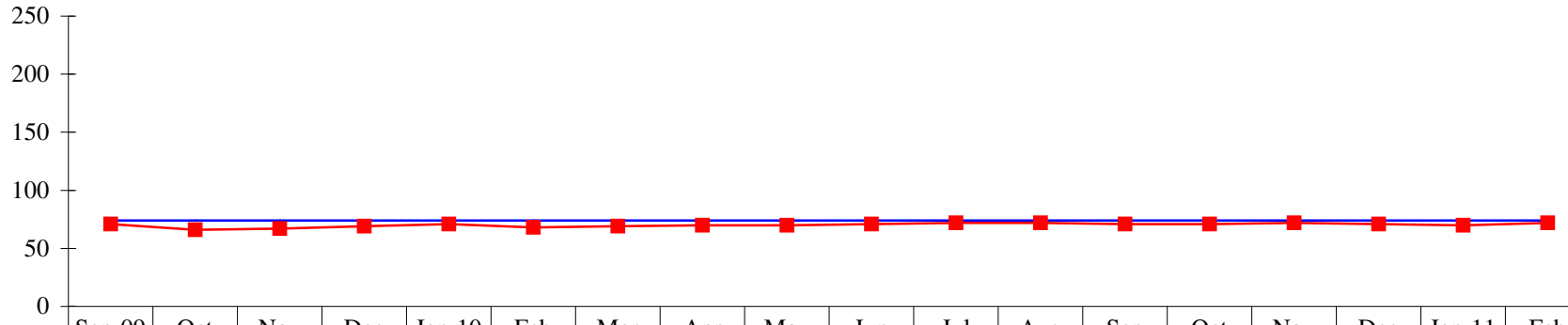
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	156	158	153	155	162	162	161	158	172	172	162	165	167	167	173	164	167	165
Funded Gen. Rev. ADC	170	170	170	170	170	170	170	170	170	170	170	170	156	156	156	156	156	156
Actual Third Party ADC	38	40	42	38	34	36	35	36	26	25	35	34	32	30	23	25	28	27
Funded Third Party ADC	30	30	30	30	30	30	30	30	30	30	30	30	44	44	44	44	44	44

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

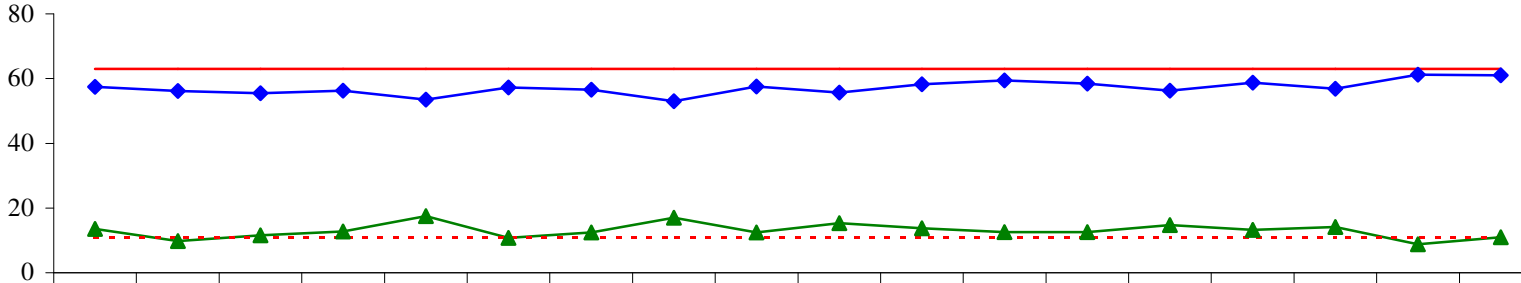
Objective 1E & Measure 1C - Average Daily Census
El Paso Psychiatric Center

Average Daily Census



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	71	66	67	69	71	68	69	70	70	71	72	72	71	71	72	71	70	72
Funded Census	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74

General Revenue & Third Party Average Daily Census

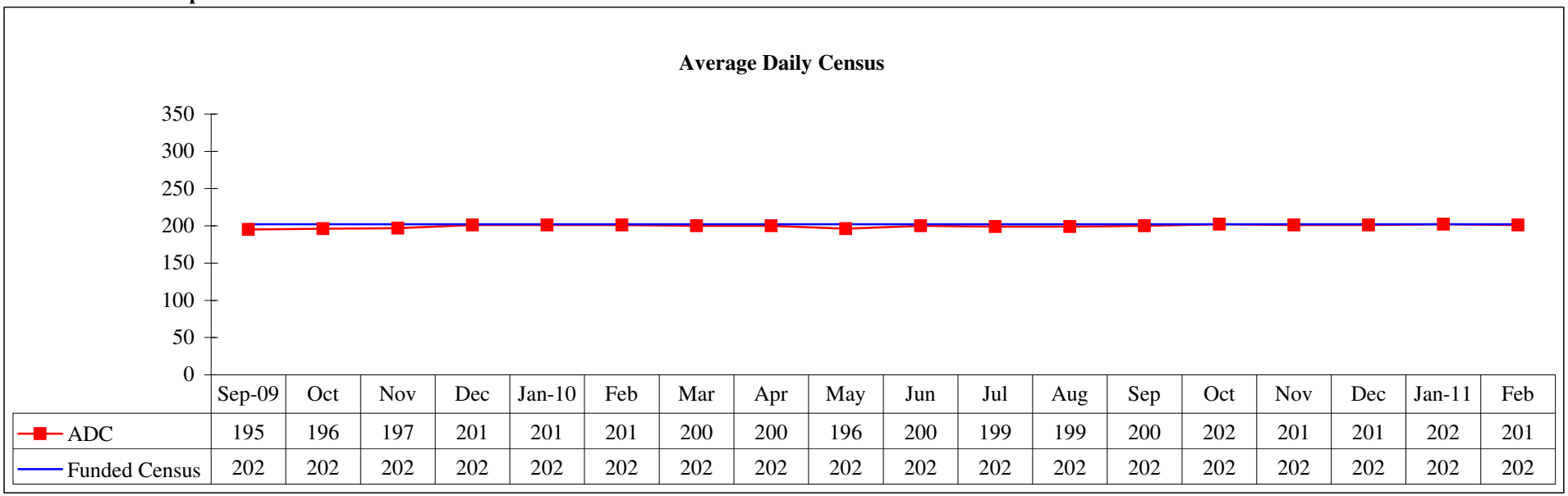


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	57	56	55	56	54	57	57	53	58	56	58	59	58	56	59	57	61	61
Funded Gen. Rev. ADC	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63
Actual Third Party ADC	14	10	12	13	17	11	12	17	12	15	14	13	13	15	13	14	9	11
Funded Third Party ADC	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11

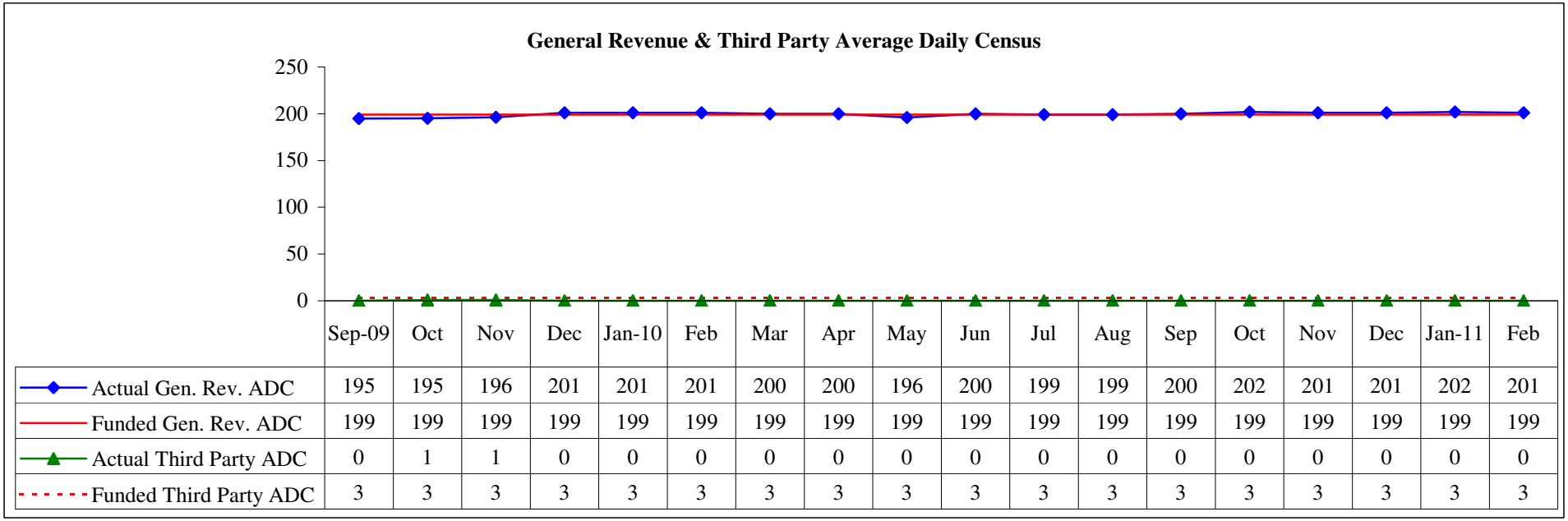
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Kerrville State Hospital



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	195	196	197	201	201	201	200	200	196	200	199	199	200	202	201	201	202	201
Funded Census	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202

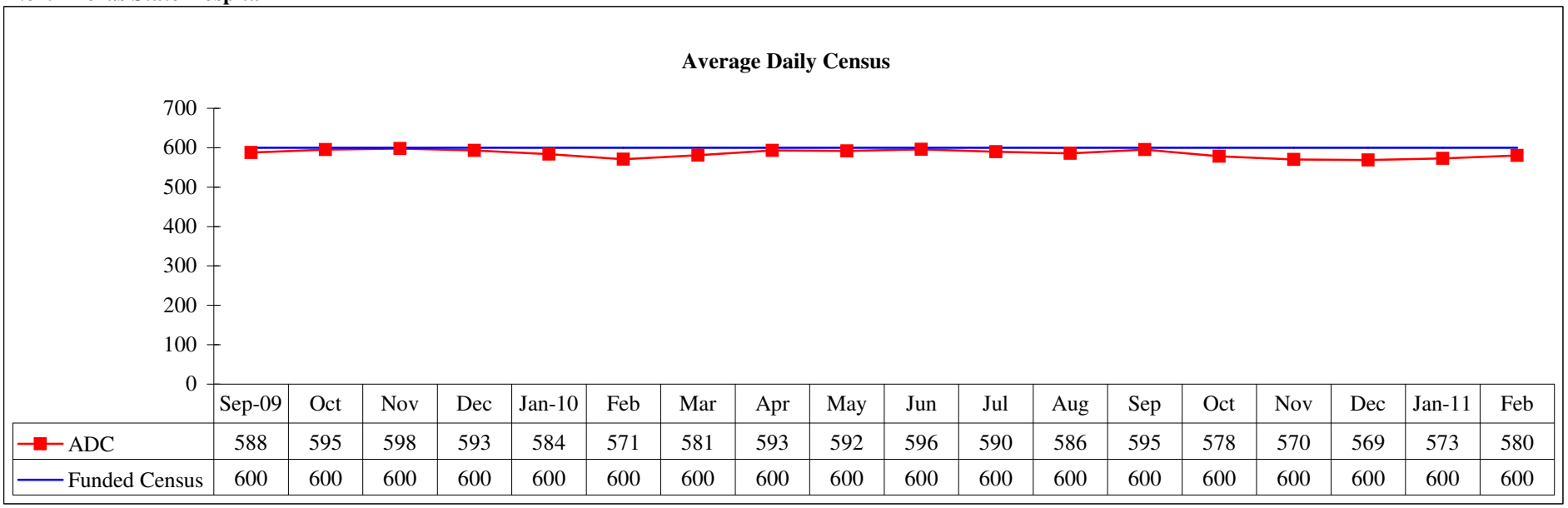


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	195	195	196	201	201	201	200	200	196	200	199	199	200	202	201	201	202	201
Funded Gen. Rev. ADC	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199
Actual Third Party ADC	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Funded Third Party ADC	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

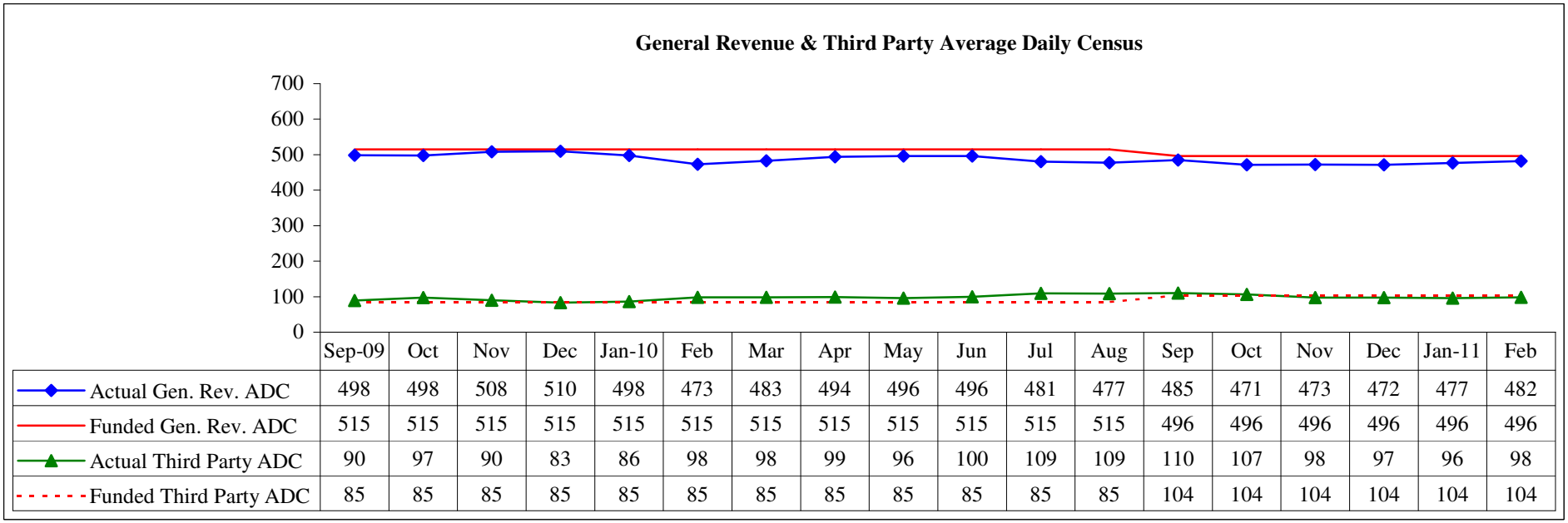
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
North Texas State Hospital



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	588	595	598	593	584	571	581	593	592	596	590	586	595	578	570	569	573	580
Funded Census	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600

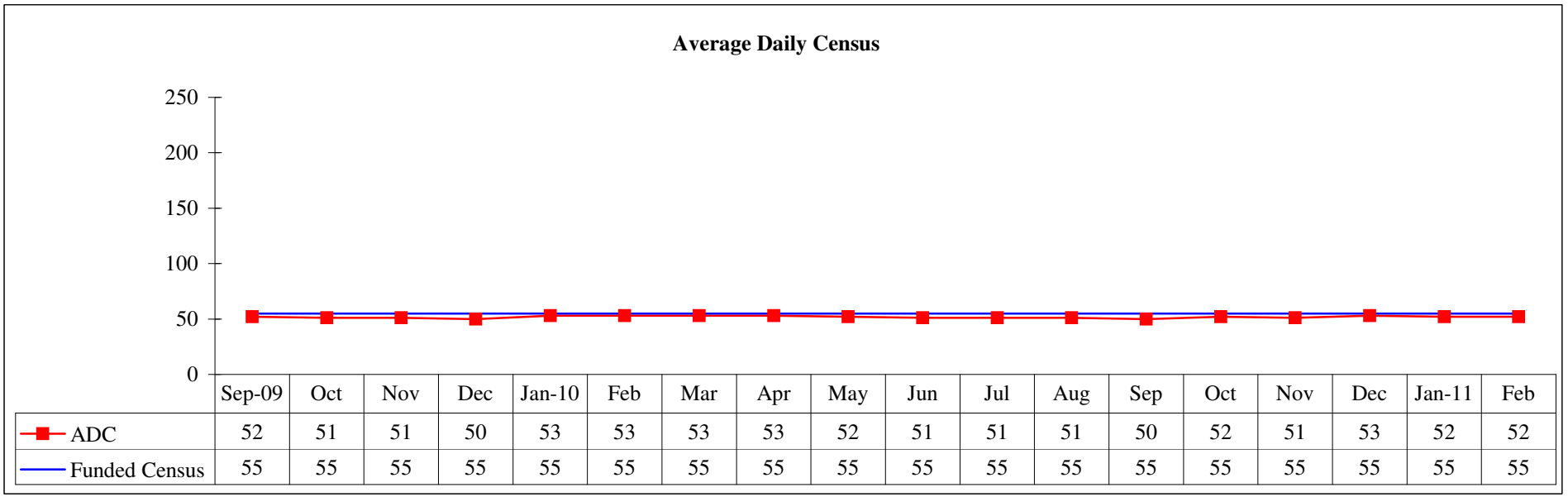


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	498	498	508	510	498	473	483	494	496	496	481	477	485	471	473	472	477	482
Funded Gen. Rev. ADC	515	515	515	515	515	515	515	515	515	515	515	515	496	496	496	496	496	496
Actual Third Party ADC	90	97	90	83	86	98	98	99	96	100	109	109	110	107	98	97	96	98
Funded Third Party ADC	85	85	85	85	85	85	85	85	85	85	85	85	104	104	104	104	104	104

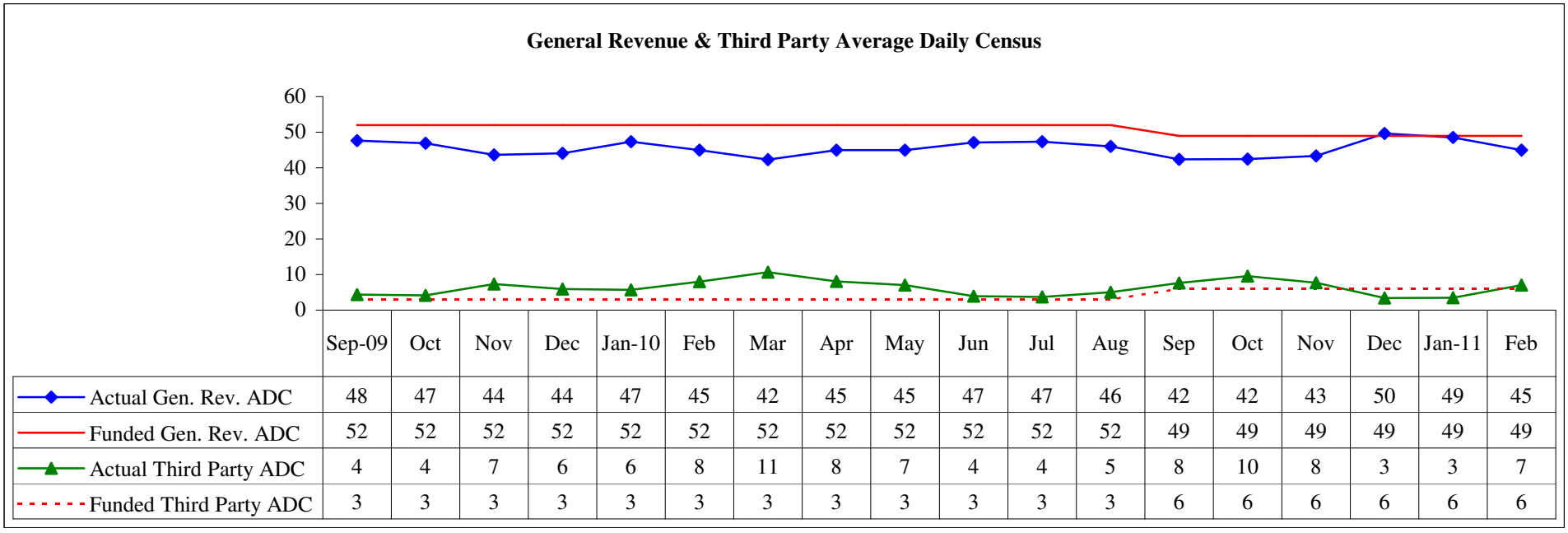
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Rio Grande State Center–MH



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	52	51	51	50	53	53	53	53	52	51	51	51	50	52	51	53	52	52
Funded Census	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55



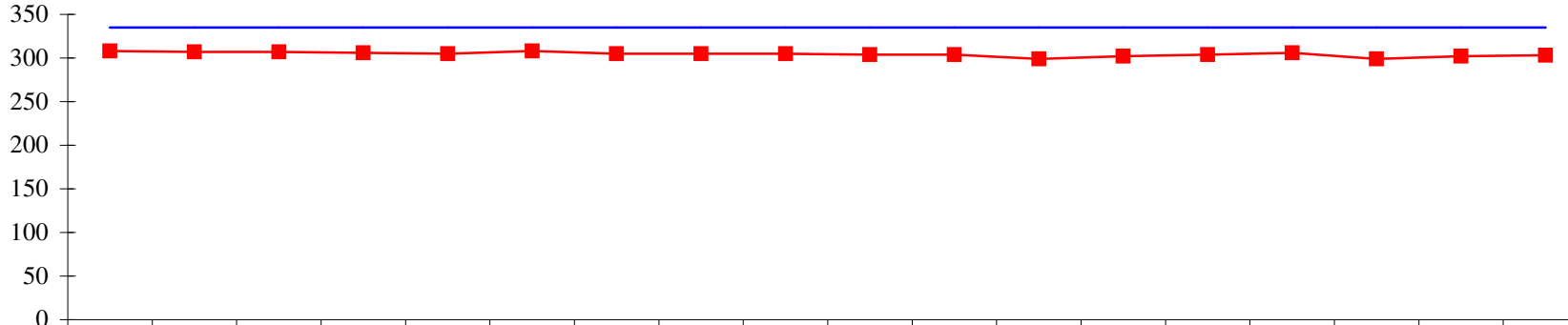
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	48	47	44	44	47	45	42	45	45	47	47	46	42	42	43	50	49	45
Funded Gen. Rev. ADC	52	52	52	52	52	52	52	52	52	52	52	52	49	49	49	49	49	49
Actual Third Party ADC	4	4	7	6	6	8	11	8	7	4	4	5	8	10	8	3	3	7
Funded Third Party ADC	3	3	3	3	3	3	3	3	3	3	3	3	6	6	6	6	6	6

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

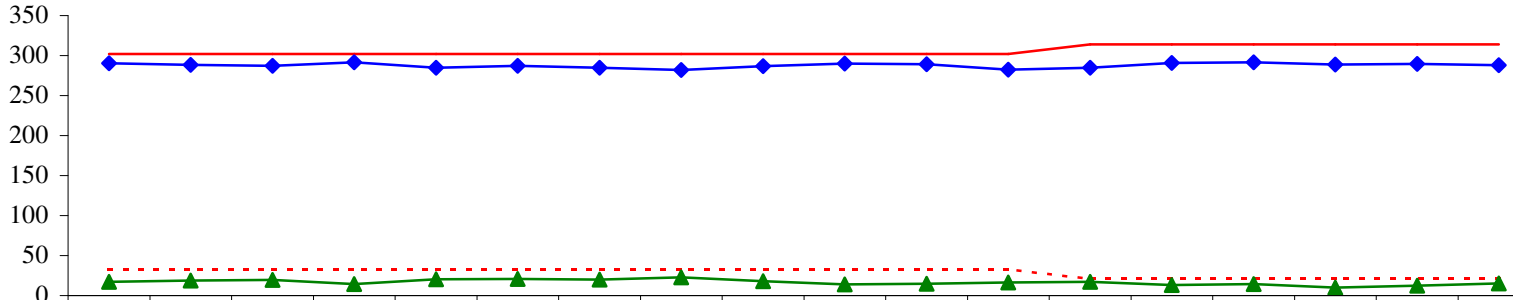
Objective 1E & Measure 1C - Average Daily Census
Rusk State Hospital

Average Daily Census



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	308	307	307	306	305	308	305	305	305	304	304	299	302	304	306	299	302	303
Funded Census	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335

General Revenue & Third Party Average Daily Census



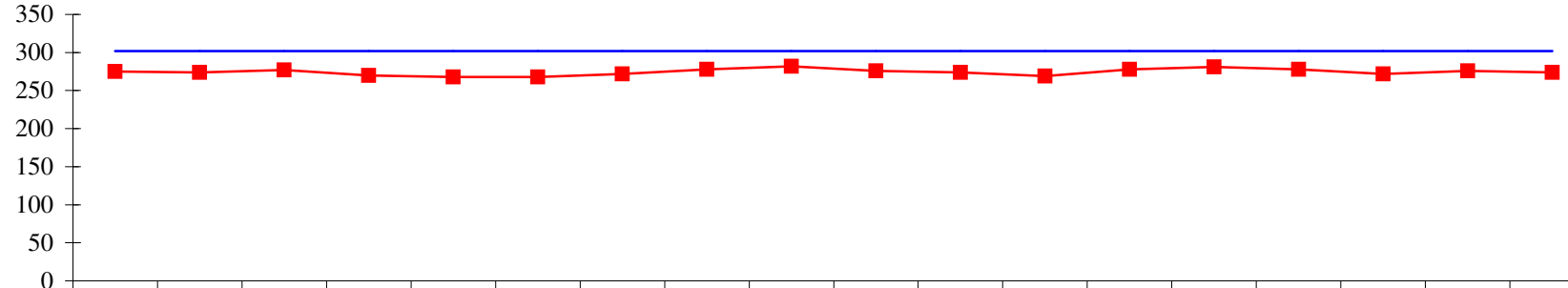
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	291	288	287	292	285	287	285	282	287	290	289	283	285	291	292	289	290	288
Funded Gen. Rev. ADC	302	302	302	302	302	302	302	302	302	302	302	302	314	314	314	314	314	314
Actual Third Party ADC	17	19	20	14	20	21	20	23	18	14	15	16	17	13	14	10	12	15
Funded Third Party ADC	33	33	33	33	33	33	33	33	33	33	33	33	21	21	21	21	21	21

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

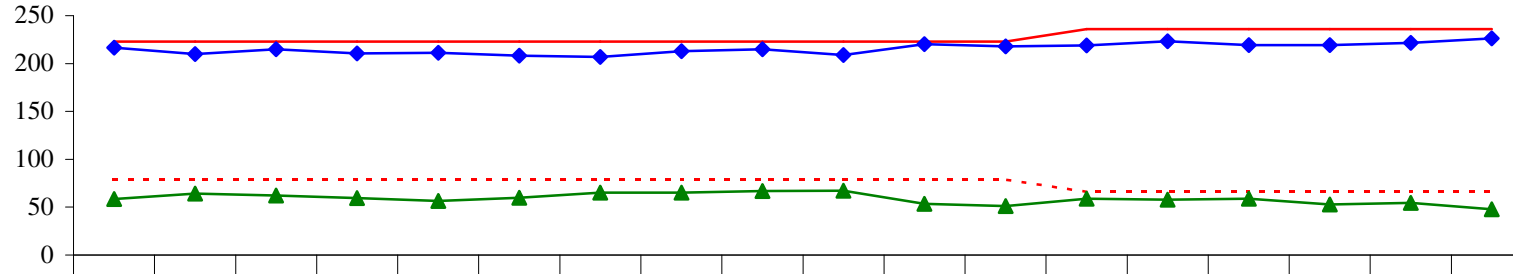
Objective 1E & Measure 1C - Average Daily Census
San Antonio State Hospital

Average Daily Census



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	275	274	277	270	268	268	272	278	282	276	274	269	278	281	278	272	276	274
Funded Census	302	302	302	302	302	302	302	302	302	302	302	302	302	302	302	302	302	302

General Revenue & Third Party Average Daily Census

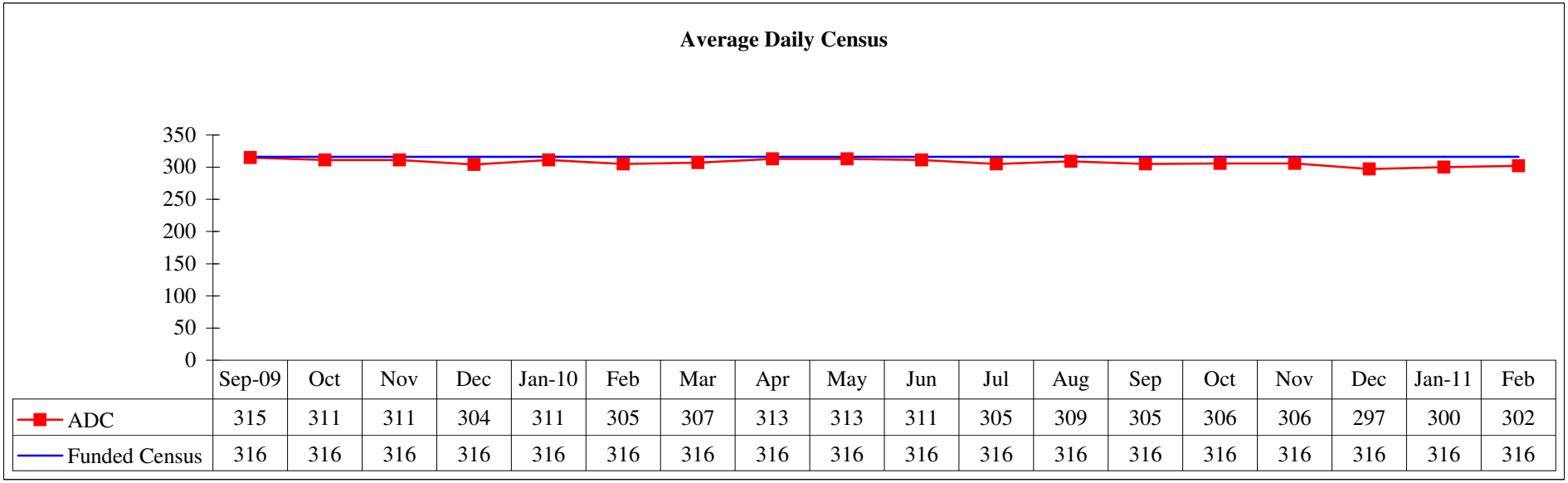


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	216	210	215	211	211	208	207	213	215	209	220	218	219	223	219	219	222	226
Funded Gen. Rev. ADC	223	223	223	223	223	223	223	223	223	223	223	223	236	236	236	236	236	236
Actual Third Party ADC	59	64	62	59	57	60	65	65	67	67	54	51	59	58	59	53	54	48
Funded Third Party ADC	79	79	79	79	79	79	79	79	79	79	79	79	66	66	66	66	66	66

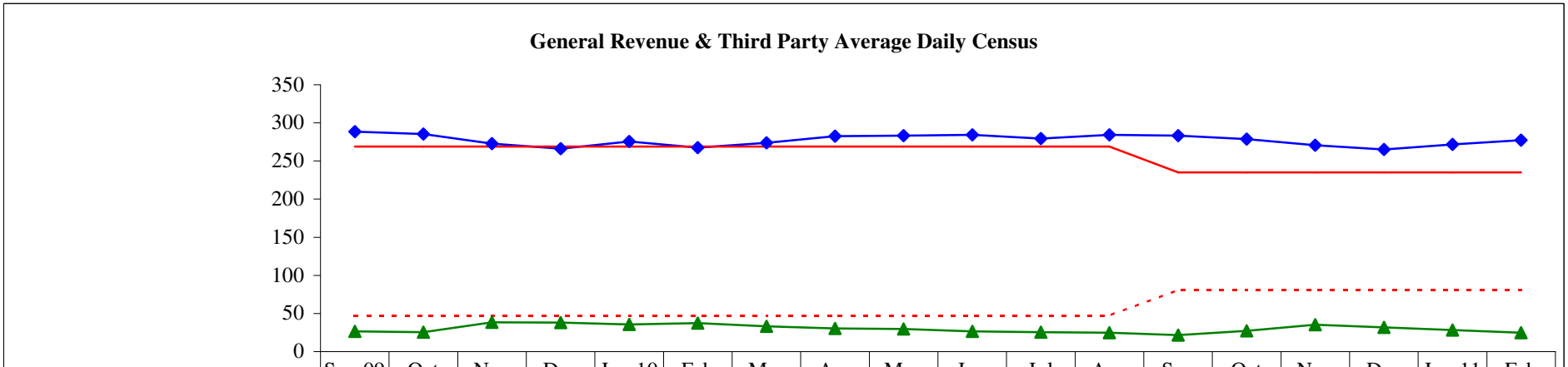
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Terrell State Hospital



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	315	311	311	304	311	305	307	313	313	311	305	309	305	306	306	297	300	302
Funded Census	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316



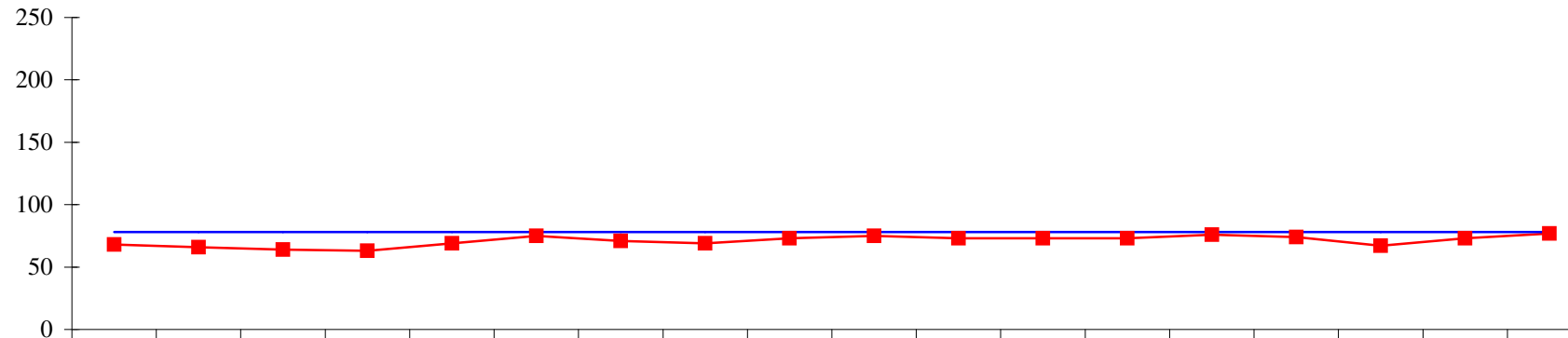
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	288	285	273	266	275	268	274	283	283	284	280	284	283	279	271	265	272	277
Funded Gen. Rev. ADC	269	269	269	269	269	269	269	269	269	269	269	269	235	235	235	235	235	235
Actual Third Party ADC	27	26	38	38	36	37	33	31	30	27	25	25	22	27	35	32	28	25
Funded Third Party ADC	47	47	47	47	47	47	47	47	47	47	47	47	81	81	81	81	81	81

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

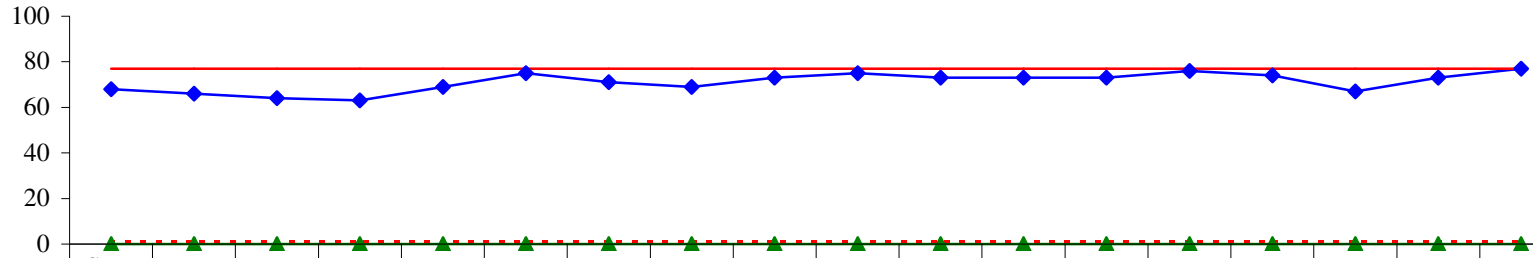
Objective 1E & Measure 1C - Average Daily Census
Waco Center For Youth

Average Daily Census



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ADC	68	66	64	63	69	75	71	69	73	75	73	73	73	76	74	67	73	77
Funded Census	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78

General Revenue & Third Party Average Daily Census



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Actual Gen. Rev. ADC	68	66	64	63	69	75	71	69	73	75	73	73	73	76	74	67	73	77
Funded Gen. Rev. ADC	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77
Actual Third Party ADC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Funded Third Party ADC	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Performance Measure 1A:

Calculate average cost per patient served.

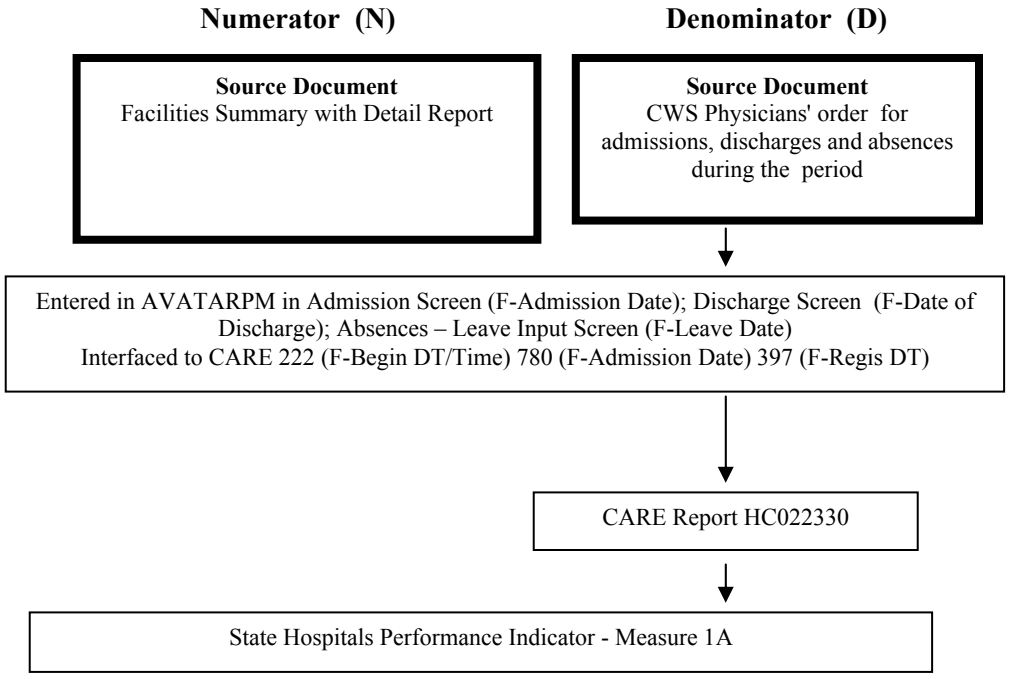
Performance Measure Operational Definition: State hospital cost per person served represents the average cost of care for an individual per FY quarter.

Performance Measure Formula: Quarterly Average Cost Per Patient = LBB Cost [total state hospital cost – (benefits + depreciation) / quarterly total bed days derived from the Cost Report] x Average Patient Days * During Period (unduplicated count of patient's served). *Average patient day's means the net stay in days at the component during the quarter divided by the number of unduplicated count of patient's served during the quarter.

Performance Measure Data Display and Chart Description:

- Table shows average patient days, cost per bed day and average cost for FY quarter for individual state hospitals and system-wide.
- Chart with accumulated quarterly data points of average cost per persons served for individual state hospitals and system-wide.

Data Flow:



Measure 1A - Average Cost Per Patient Served
All State Hospitals

	FY09				FY10				FY11			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Avg. Patient Days	23	23	23	21	22	24	23	24	23	22		
LBB Cost/Bed Day	$394	$438	$441	$431	$426	$463	$459	$451	$425	$492		
Average Cost	$9,078	$9,909	$10,085	$9,037	$9,270	$11,004	$10,342	$10,666	$9,589	$11,008	$0	$0
Big Spring State Hospital												
Avg. Patient Days	42	43	40	38	40	41	42	42	47	44		
LBB Cost/Bed Day	$373	$417	$415	$449	$380	$408	$404	$392	$369	$406		
Average Cost	$15,723	$17,824	$16,517	$17,242	$15,233	$16,842	$16,983	$16,636	$17,187	$17,688	$0	$0
El Paso Psychiatric Center												
Avg. Patient Days	22	24	27	25	23	26	25	29	30	32		
LBB Cost/Bed Day	$451	$568	$511	$633	$460	$561	$482	$500	$448	$527		
Average Cost	$9,818	$13,694	$13,796	$15,659	$10,397	$14,865	$12,018	$14,615	$13,308	$16,768	$0	$0
Kerrville State Hospital												
Avg. Patient Days	68	69	64	85	84	86	86	86	87	83		
LBB Cost/Bed Day	$342	$366	$361	$412	$353	$356	$348	$345	$337	$354		
Average Cost	$23,219	$25,324	$23,021	$34,846	$29,700	$30,736	$29,873	$29,715	$29,267	$29,411	$0	$0
North Texas State Hospital												
Avg. Patient Days	44	46	46	45	49	47	47	48	47	47		
LBB Cost/Bed Day	$361	$391	$380	$426	$359	$396	$380	$378	$364	$399		
Average Cost	$16,047	$17,903	$17,530	$19,281	$17,692	$18,778	$17,927	$18,004	$17,236	$18,598	$0	$0
Rusk State Hospital												
Avg. Patient Days	40	45	49	52	54	50	53	50	52	54		
LBB Cost/Bed Day	$338	$363	$357	$436	$365	$397	$384	$386	$363	$381		
Average Cost	$13,512	$16,268	$17,629	$22,847	$19,823	$20,023	$20,228	$19,146	$19,000	$20,720	$0	$0
San Antonio State Hospital												
Avg. Patient Days	30	29	32	36	36	35	33	36	36	35		
LBB Cost/Bed Day	$393	$453	$420	$499	$395	$501	$449	$458	$373	$458		
Average Cost	$11,888	$13,193	$13,435	$18,133	$14,315	$17,406	$14,980	$16,598	$13,556	$16,053	$0	$0

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
All State Hospitals

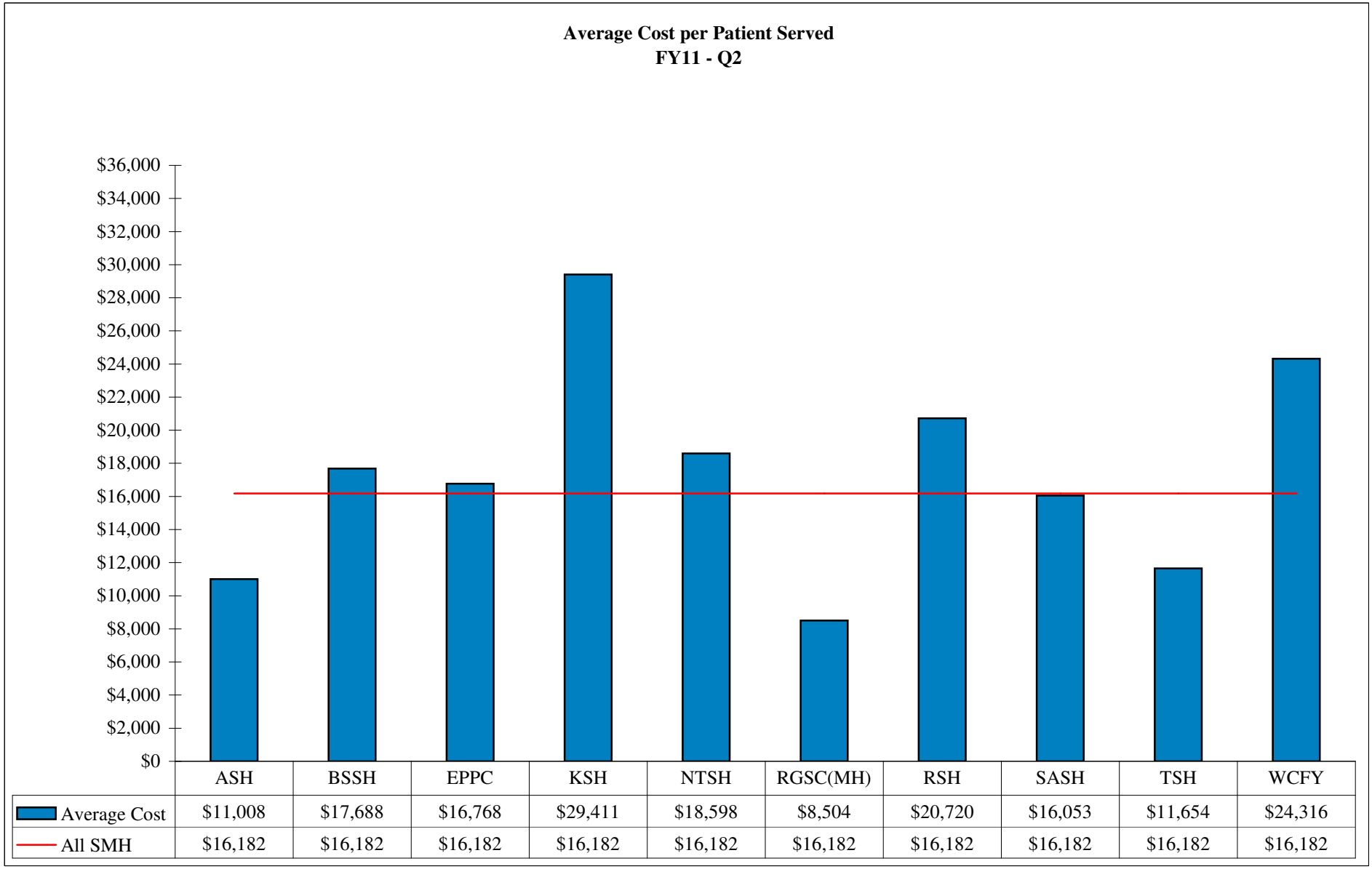
	FY09				FY10				FY11			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Avg. Patient Days	31	30	31	29	30	29	28	28	27	29		
LBB Cost/Bed Day	$373	$407	$378	$429	$354	$397	$388	$374	$367	$405		
Average Cost	$11,416	$12,359	$11,855	$12,325	$10,622	$11,317	$10,802	$10,300	$10,009	$11,654	$0	$0
Waco Center for Youth												
Avg. Patient Days	63	62	64	57	64	58	56	60	60	57		
LBB Cost/Bed Day	$305	$391	$342	$418	$372	$401	$423	$371	$324	$424		
Average Cost	$19,355	$24,130	$21,735	$23,825	$23,790	$23,222	$23,753	$22,427	$19,479	$24,316	$0	$0
Rio Grande State Center (MH)												
Avg. Patient Days	15	16	15	15	15	17	17	13	15	17		
LBB Cost/Bed Day	$427	$445	$456	$578	$445	$477	$471	$521	$496	$503		
Average Cost	$6,394	$6,998	$6,952	$8,505	$6,676	$8,050	$8,106	$6,867	$7,432	$8,504	$0	$0
All MH Hospitals												
Avg. Patient Days	36	36	37	37	38	38	38	39	39	39		
LBB Cost/Bed Day	$369	$408	$394	$447	$378	$421	$405	$401	$375	$419		
Average Cost	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$0	$0
Texas Center for Infectious Disease												
Avg. Patient Days	159	152	198	154	89	129	193	152	105	184		
LBB Cost/Bed Day	$527	$868	$635	$827	$874	$799	$622	$637	$750	$720		
Average Cost	$83,590	$131,992	$125,593	$127,299	$77,755	$103,008	$119,885	$96,774	$78,974	$132,731	$0	$0

LBB Cost - total facility expense minus benefits and depreciation

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
All State MH Hospitals

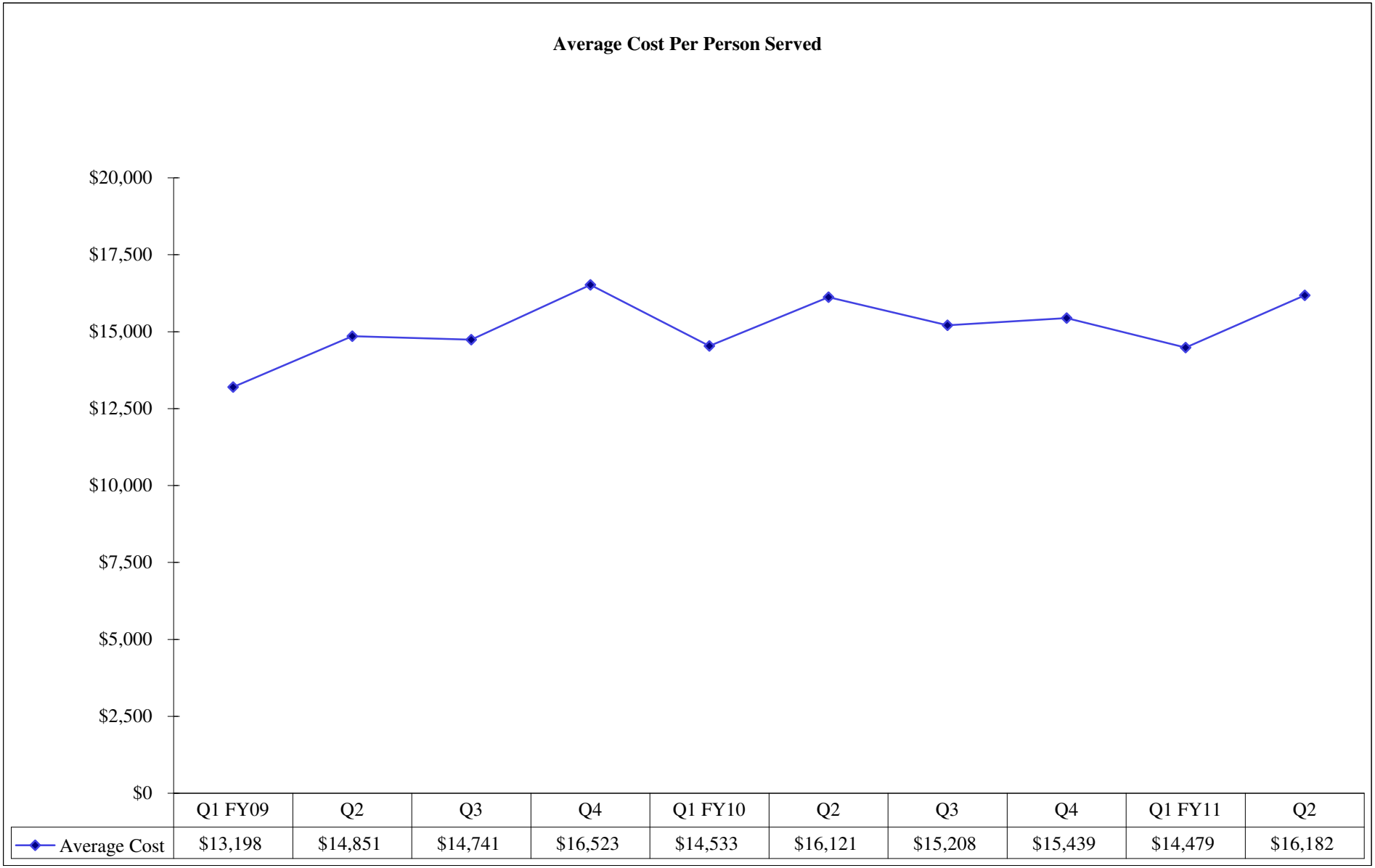


	ASH	BSSH	EPPC	KSH	NTSH	RGSC(MH)	RSH	SASH	TSH	WCFY
Average Cost	$11,008	$17,688	$16,768	$29,411	$18,598	$8,504	$20,720	$16,053	$11,654	$24,316
All SMH	$16,182	$16,182	$16,182	$16,182	$16,182	$16,182	$16,182	$16,182	$16,182	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
All State MH Hospitals

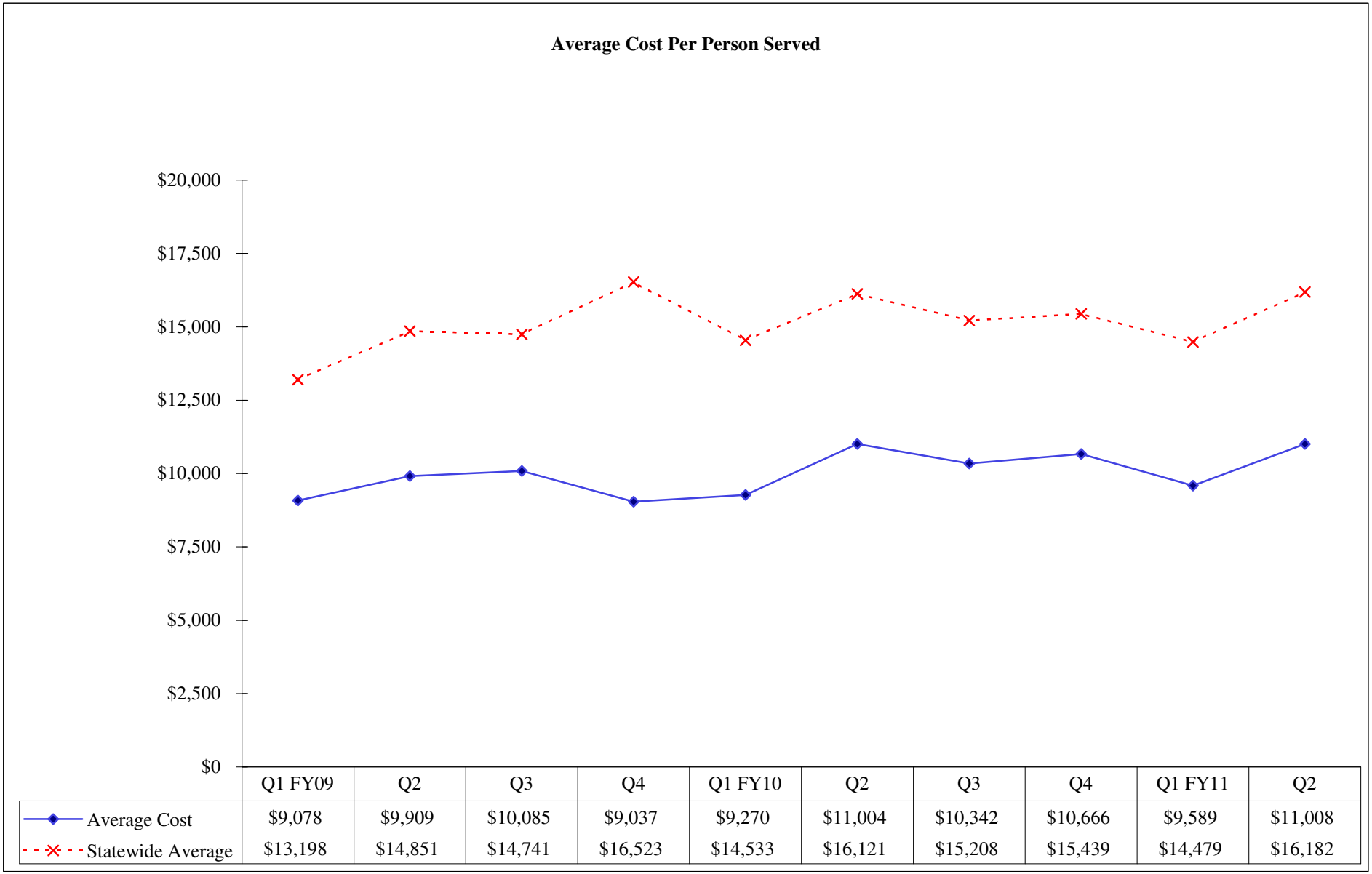


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
Austin State Hospital

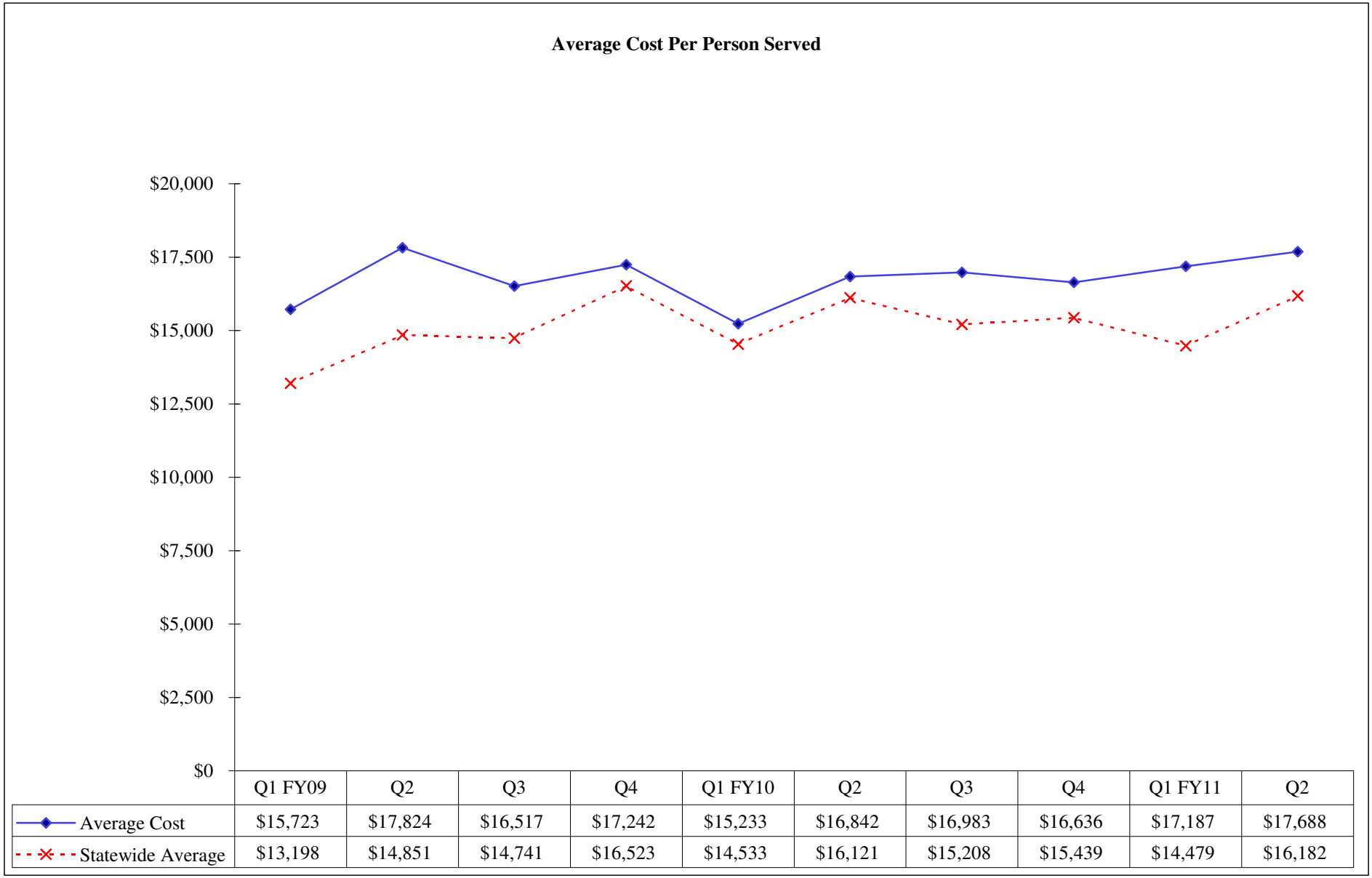


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$9,078	$9,909	$10,085	$9,037	$9,270	$11,004	$10,342	$10,666	$9,589	$11,008
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital

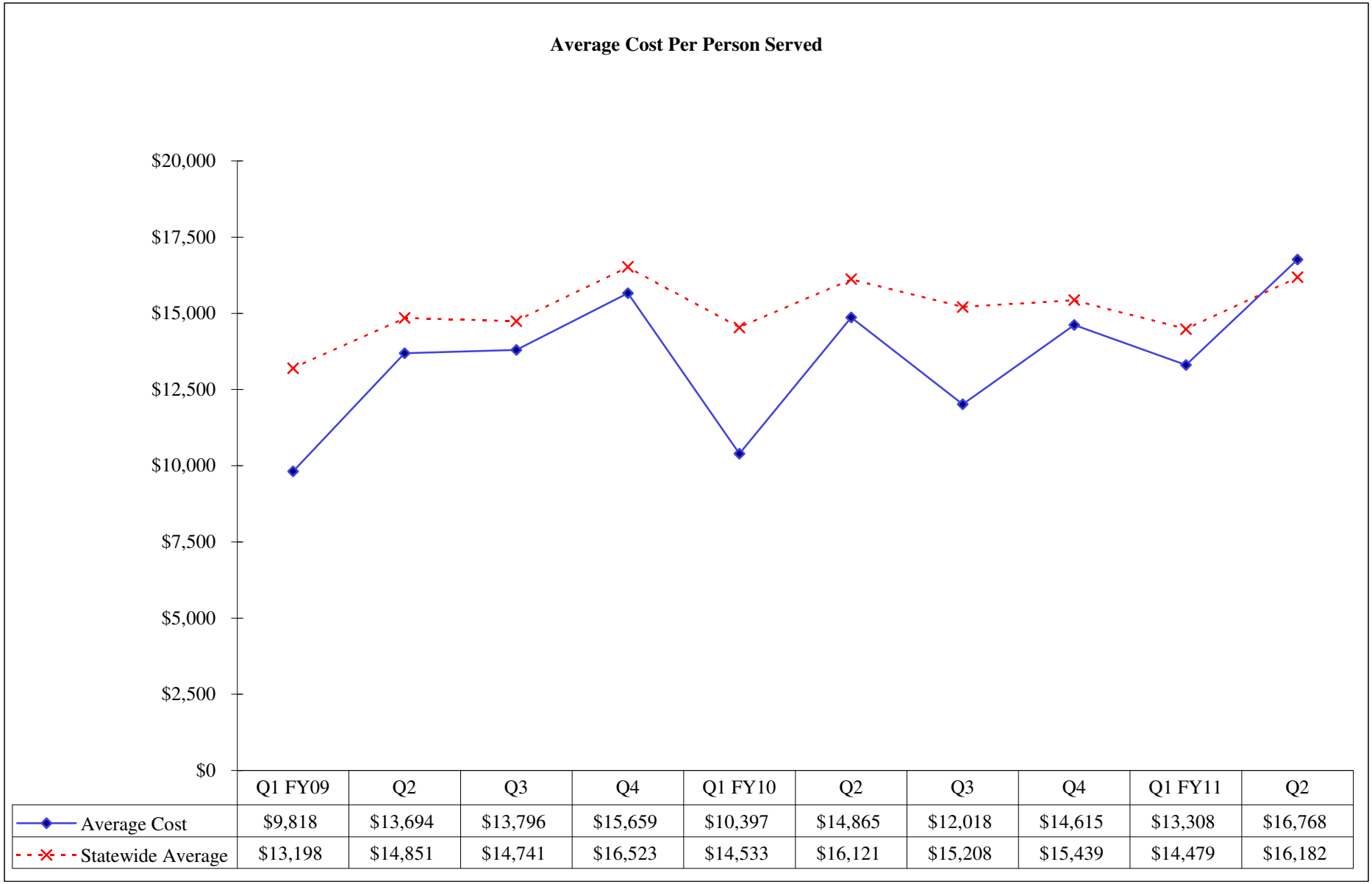


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$15,723	$17,824	$16,517	$17,242	$15,233	$16,842	$16,983	$16,636	$17,187	$17,688
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
El Paso Psychiatric Center

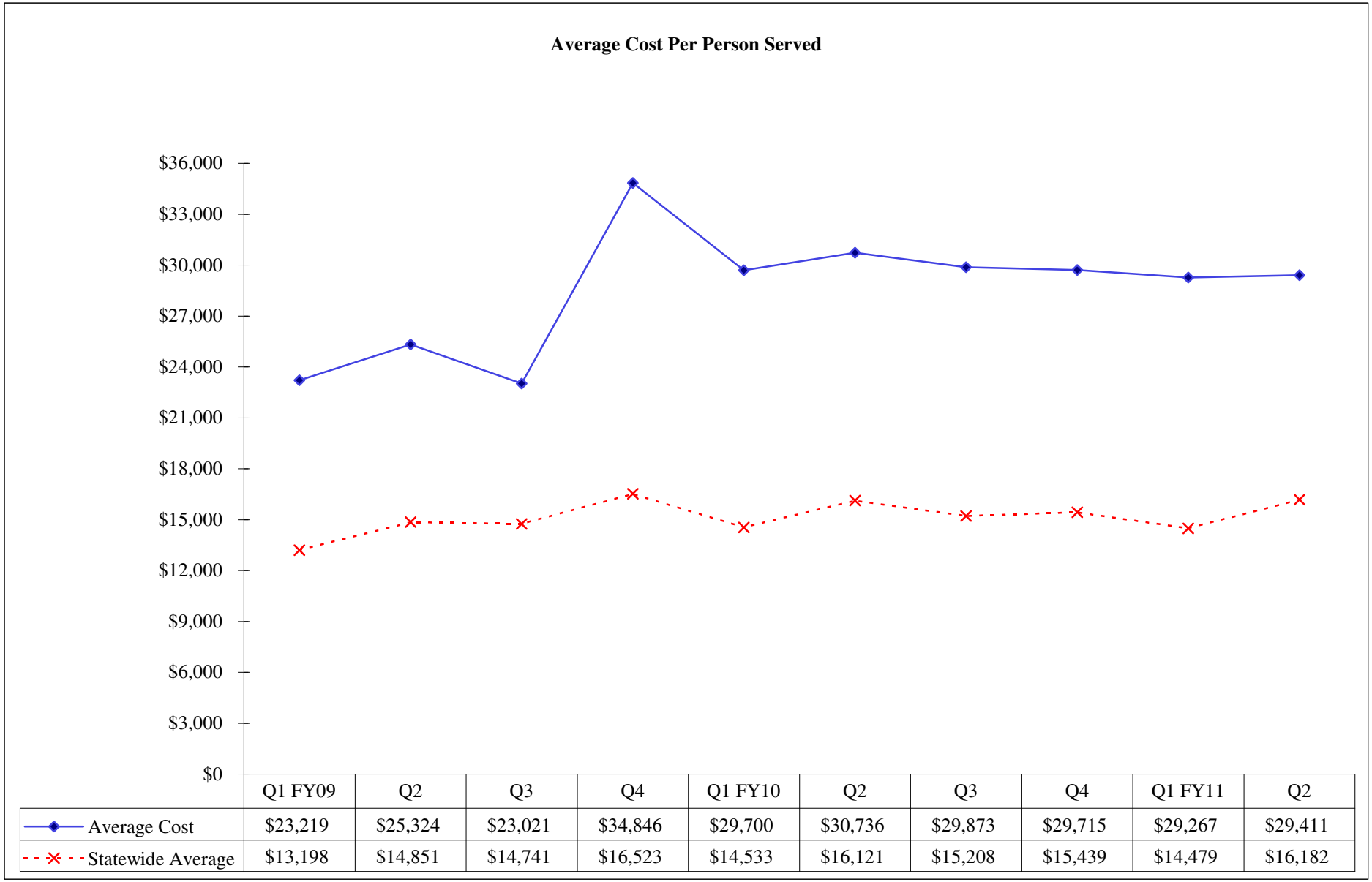


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$9,818	$13,694	$13,796	$15,659	$10,397	$14,865	$12,018	$14,615	$13,308	$16,768
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital

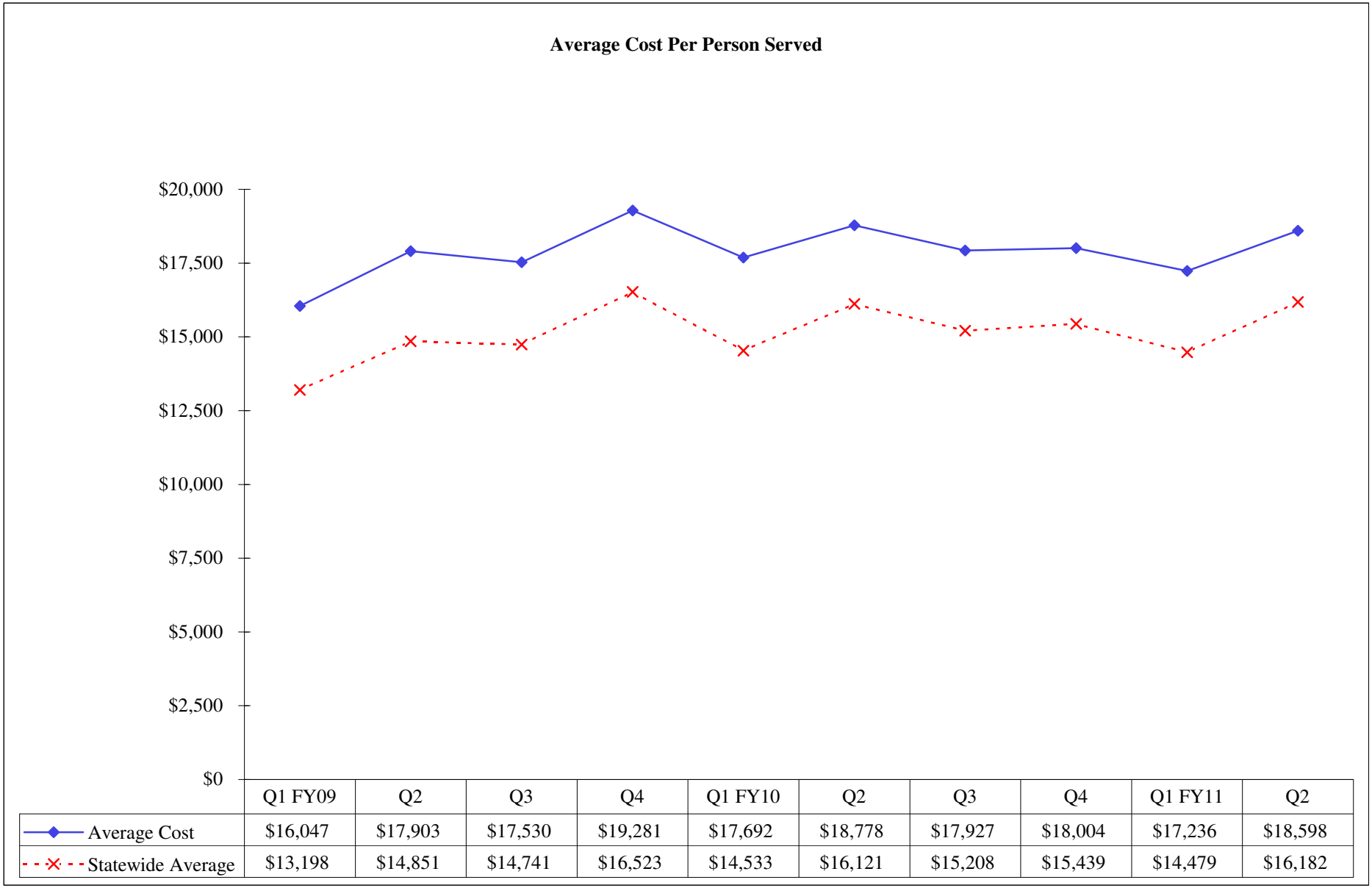


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$23,219	$25,324	$23,021	$34,846	$29,700	$30,736	$29,873	$29,715	$29,267	$29,411
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
North Texas State Hospital

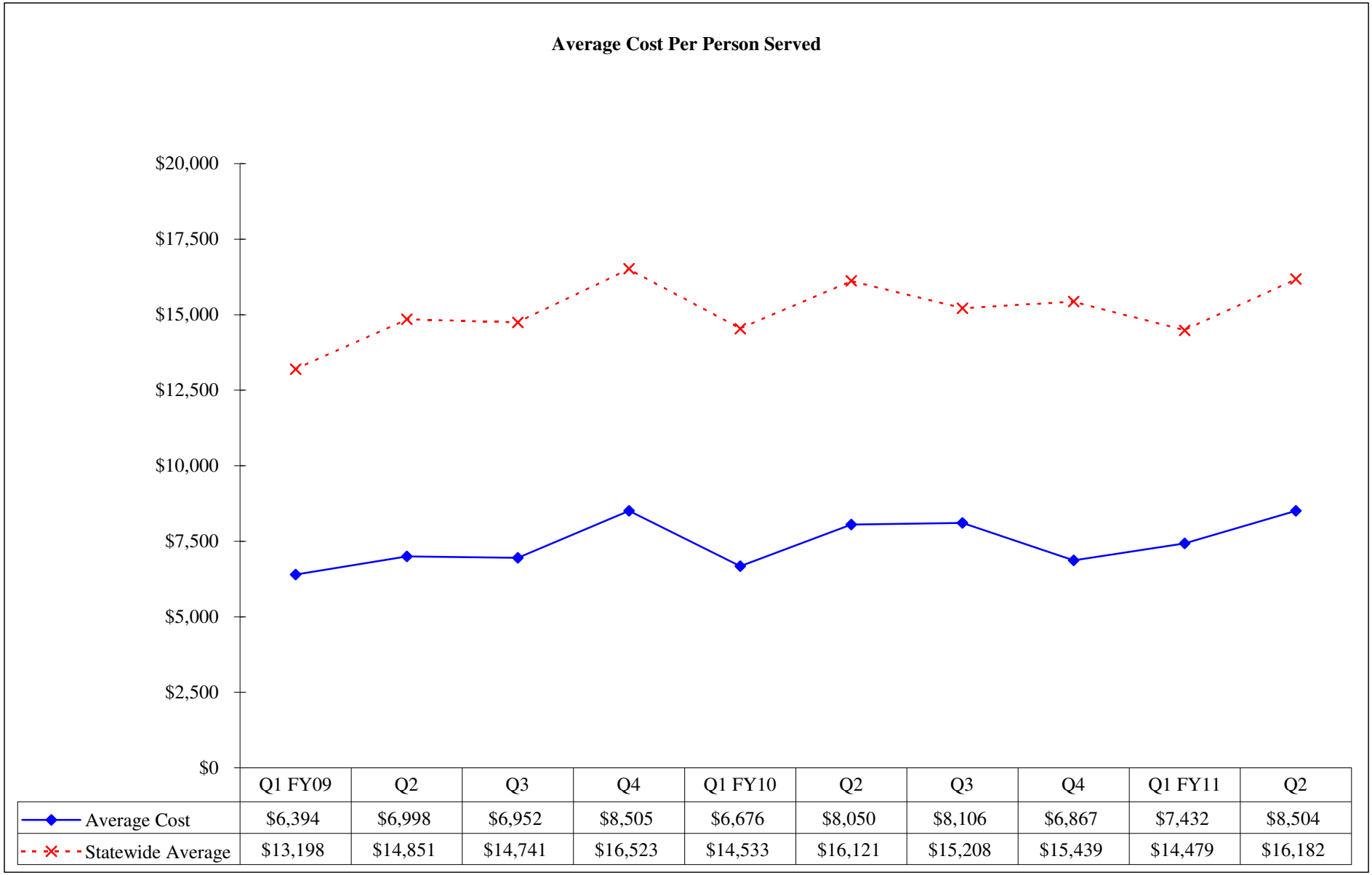


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$16,047	$17,903	$17,530	$19,281	$17,692	$18,778	$17,927	$18,004	$17,236	$18,598
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
Rio Grande State Center (MH only)

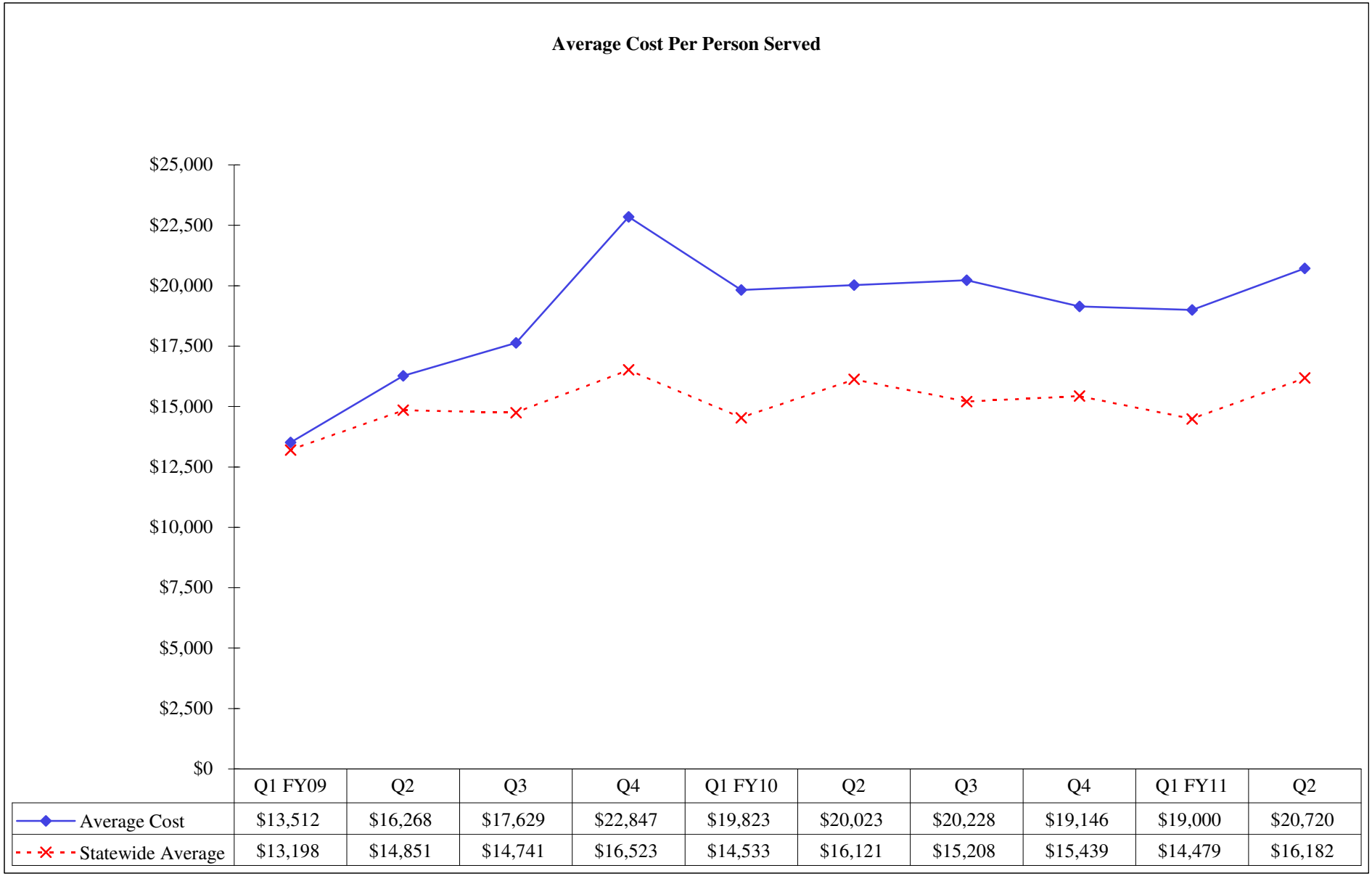


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$6,394	$6,998	$6,952	$8,505	$6,676	$8,050	$8,106	$6,867	$7,432	$8,504
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
Rusk State Hospital

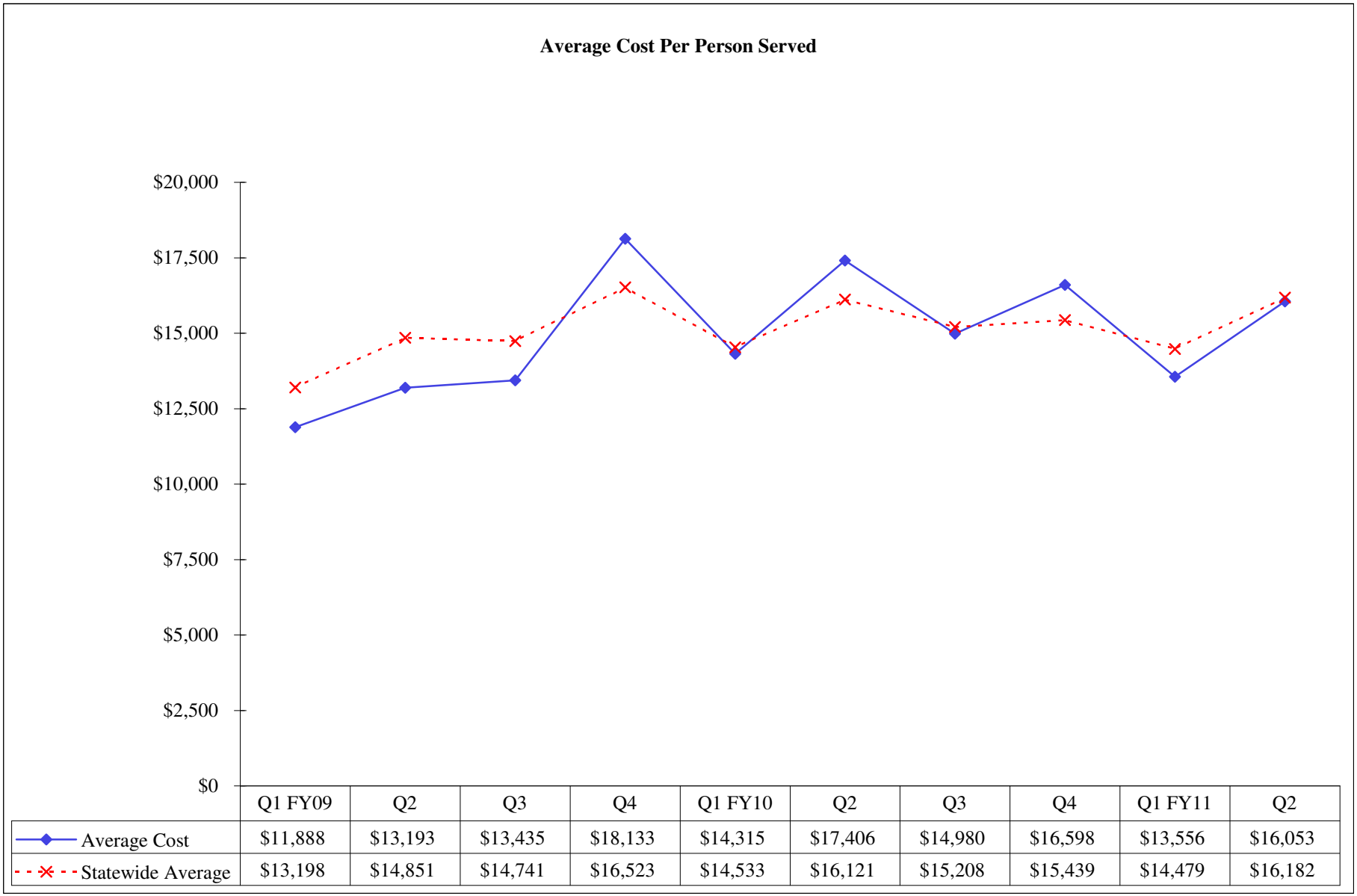


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$13,512	$16,268	$17,629	$22,847	$19,823	$20,023	$20,228	$19,146	$19,000	$20,720
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital

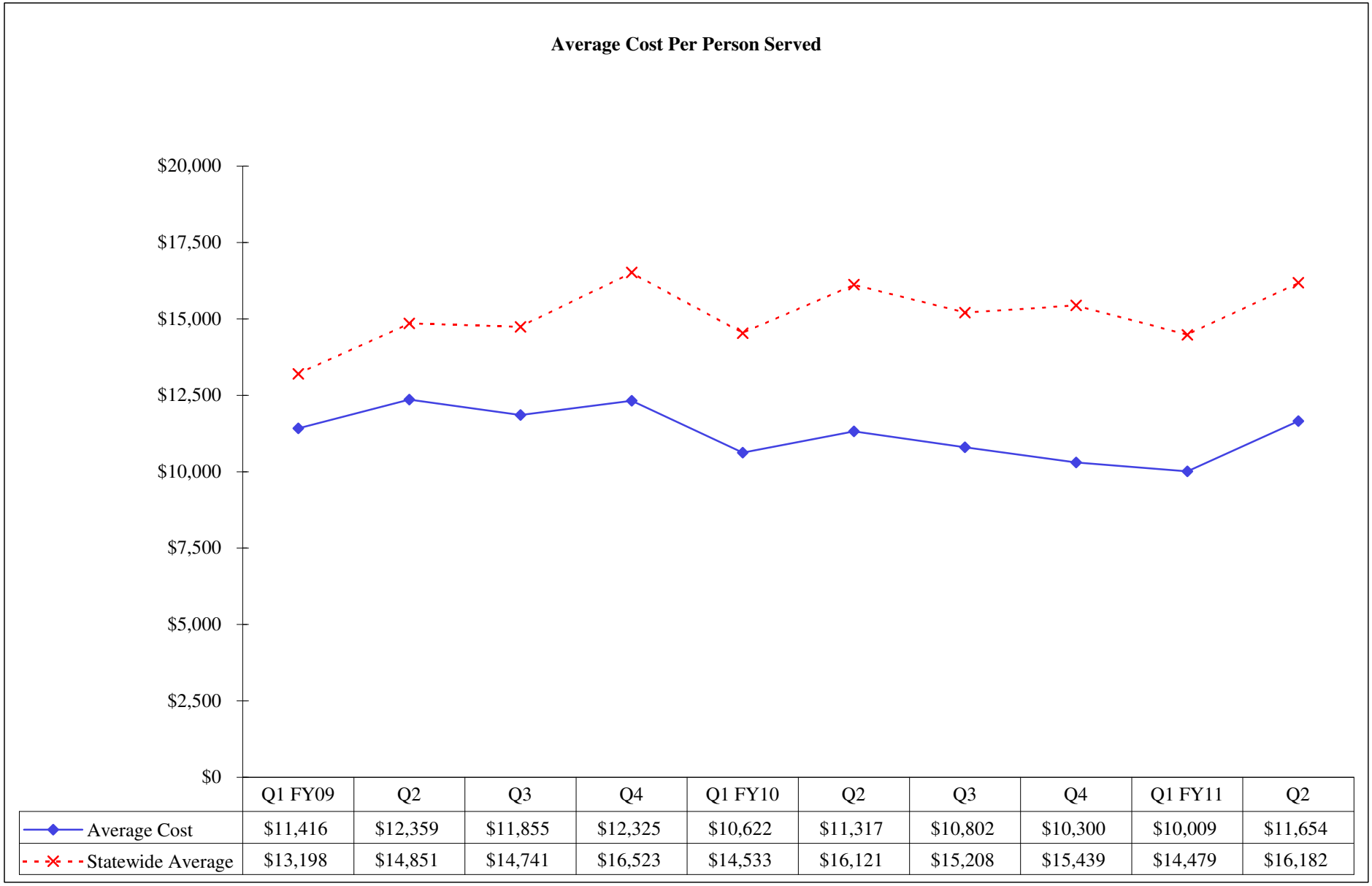


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$11,888	$13,193	$13,435	$18,133	$14,315	$17,406	$14,980	$16,598	$13,556	$16,053
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
Terrell State Hospital

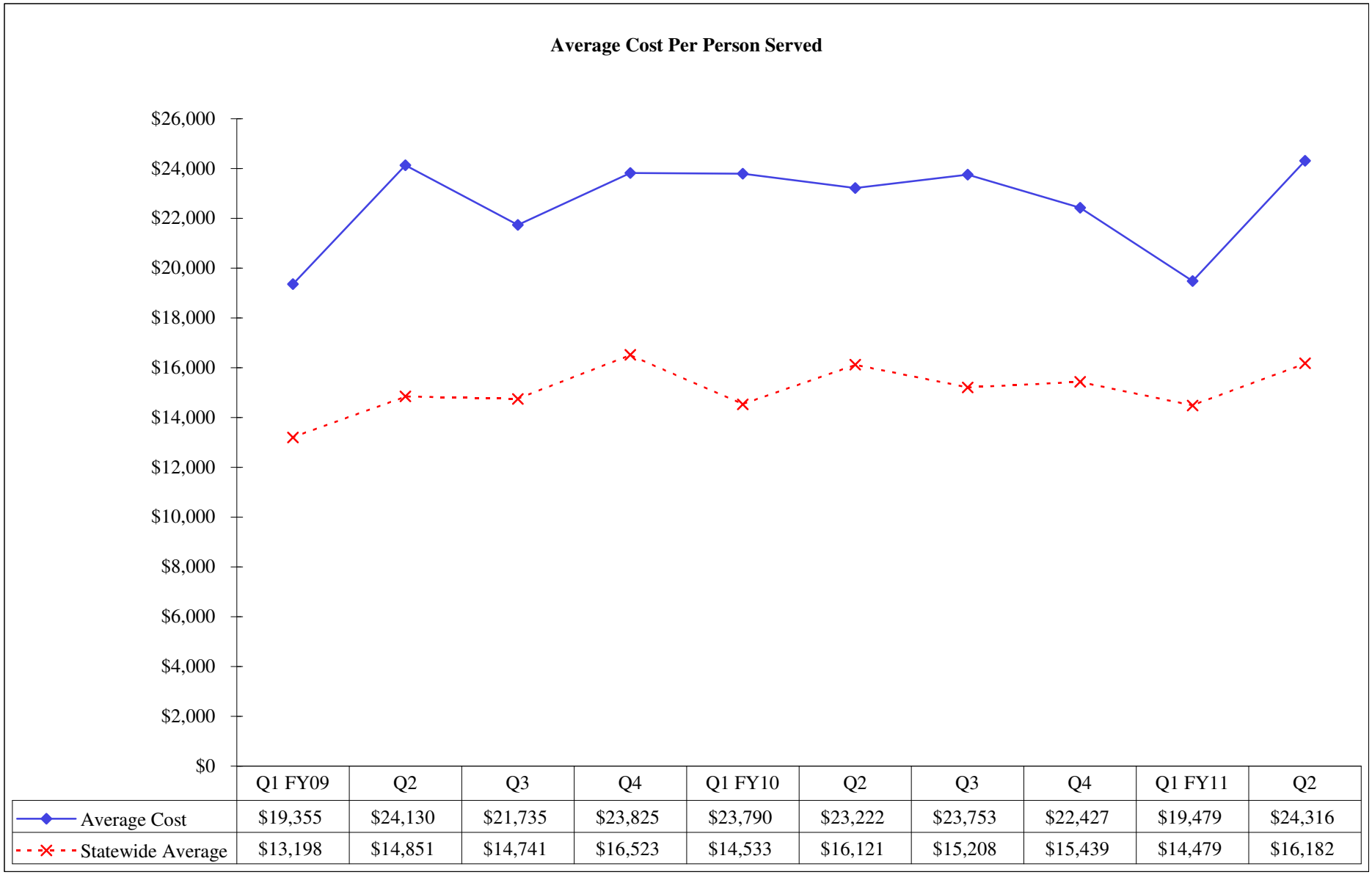


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$11,416	$12,359	$11,855	$12,325	$10,622	$11,317	$10,802	$10,300	$10,009	$11,654
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
Waco Center for Youth

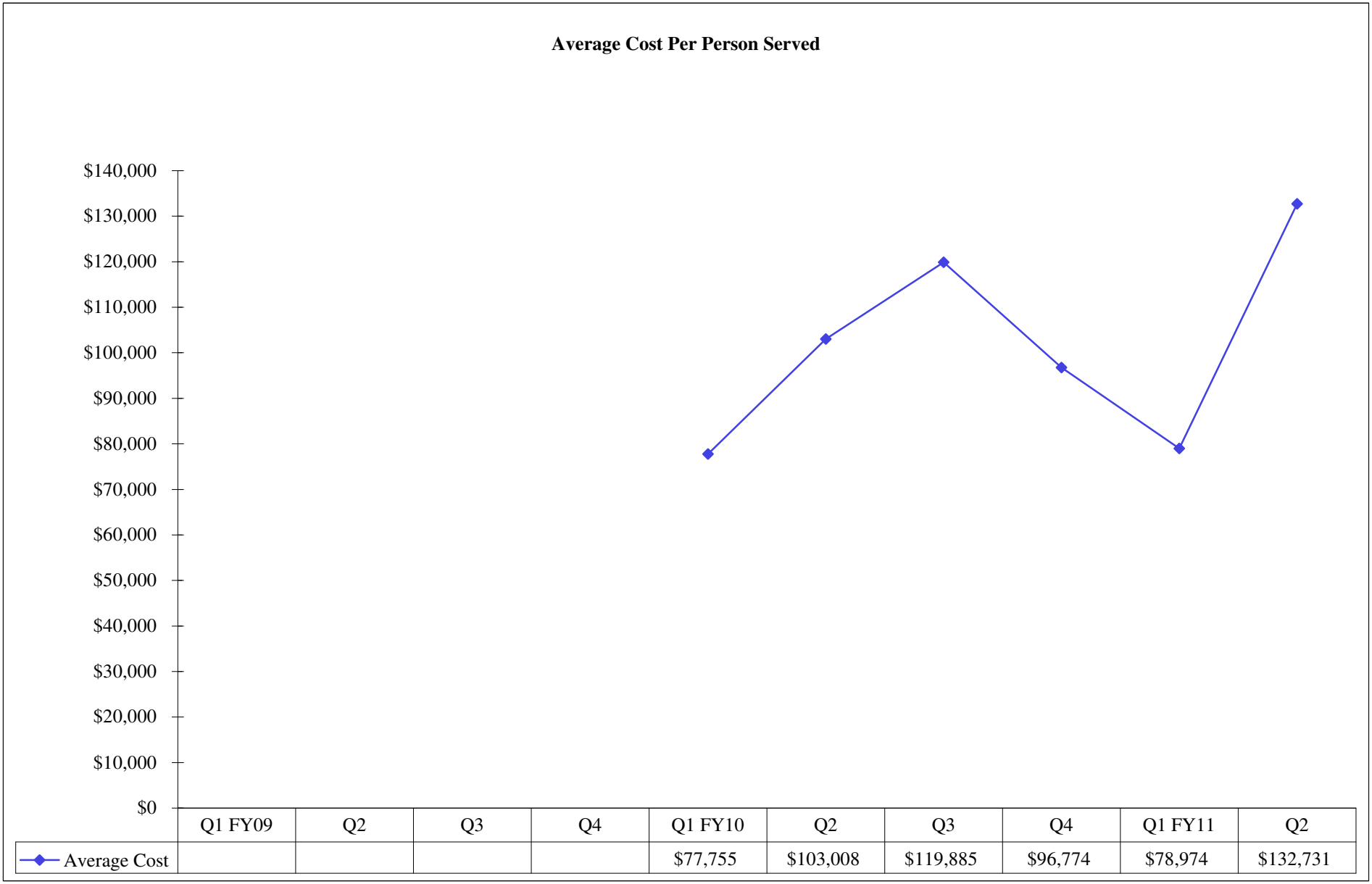


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost	$19,355	$24,130	$21,735	$23,825	$23,790	$23,222	$23,753	$22,427	$19,479	$24,316
Statewide Average	$13,198	$14,851	$14,741	$16,523	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
Texas Center for Infectious Disease



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average Cost					$77,755	$103,008	$119,885	$96,774	$78,974	$132,731

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Performance Measure 1B:

Calculate cost per occupied bed.

Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

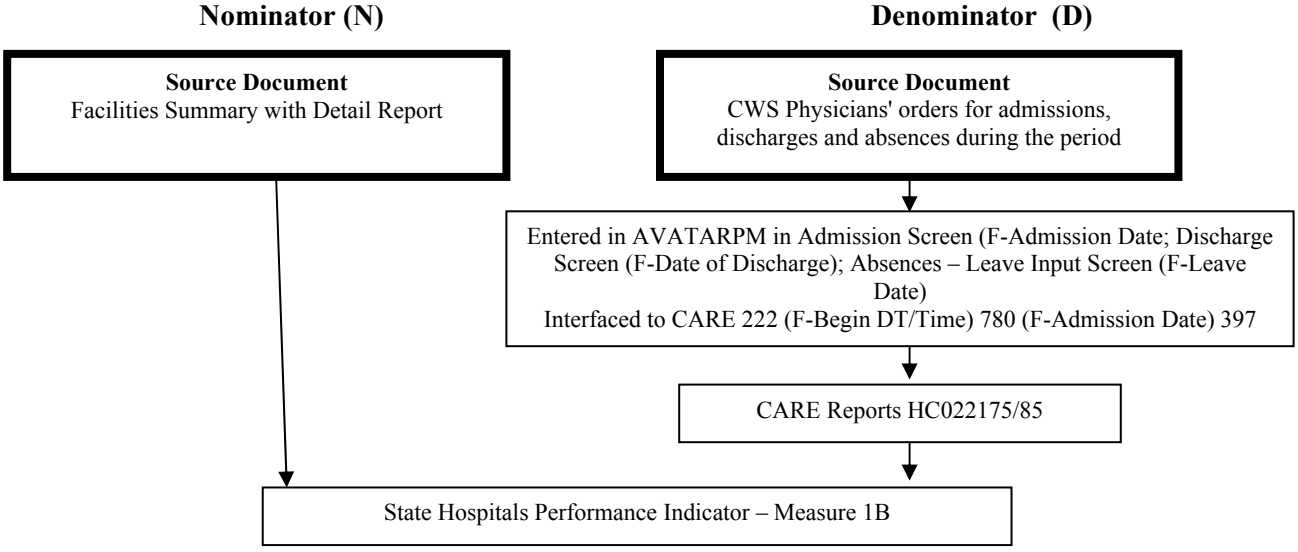
Performance Measure Formula: The state hospital's average cost per occupied bed day per FY quarter is calculated. Appropriated Fund Cost (for LBB) = Total State Hospital Expense – (Benefits + Depreciation) / Total Bed Days]

Performance Measure Data Display and Chart Description:

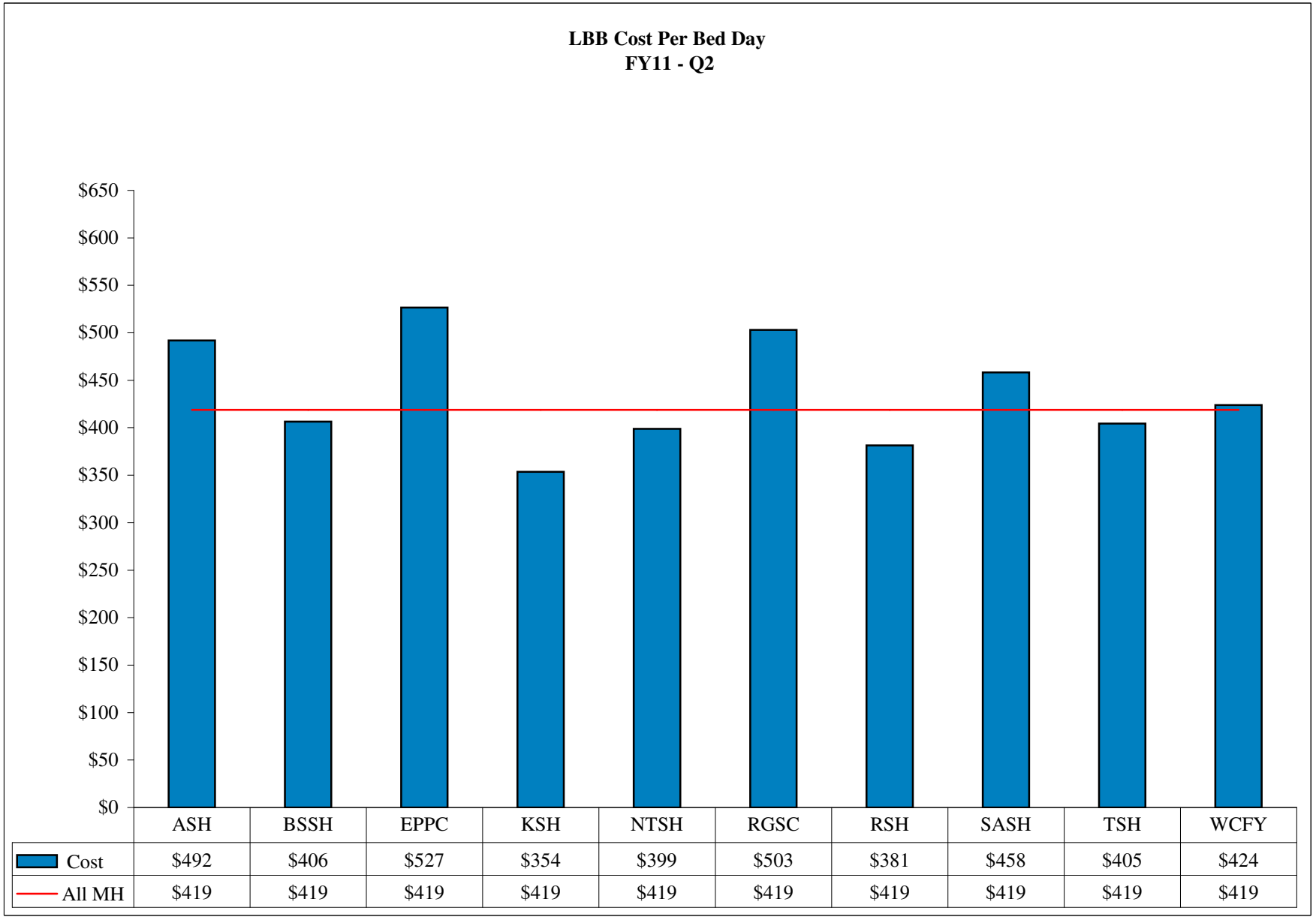
♦Table shows LBB cost per bed day for FY quarter for individual state hospitals and system-wide.

♦ Chart with quarterly data points of LBB cost per bed day for FY quarter for individual state hospitals and system-wide.

Data Flow:



Measure 1B - Cost Per Bed Day
All State MH Hospitals - FY11 Q2



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Cost	$492	$406	$527	$354	$399	$503	$381	$458	$405	$424
All MH	$419	$419	$419	$419	$419	$419	$419	$419	$419	$419

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

Measure 1B - Cost Per Bed Day
All State Hospitals

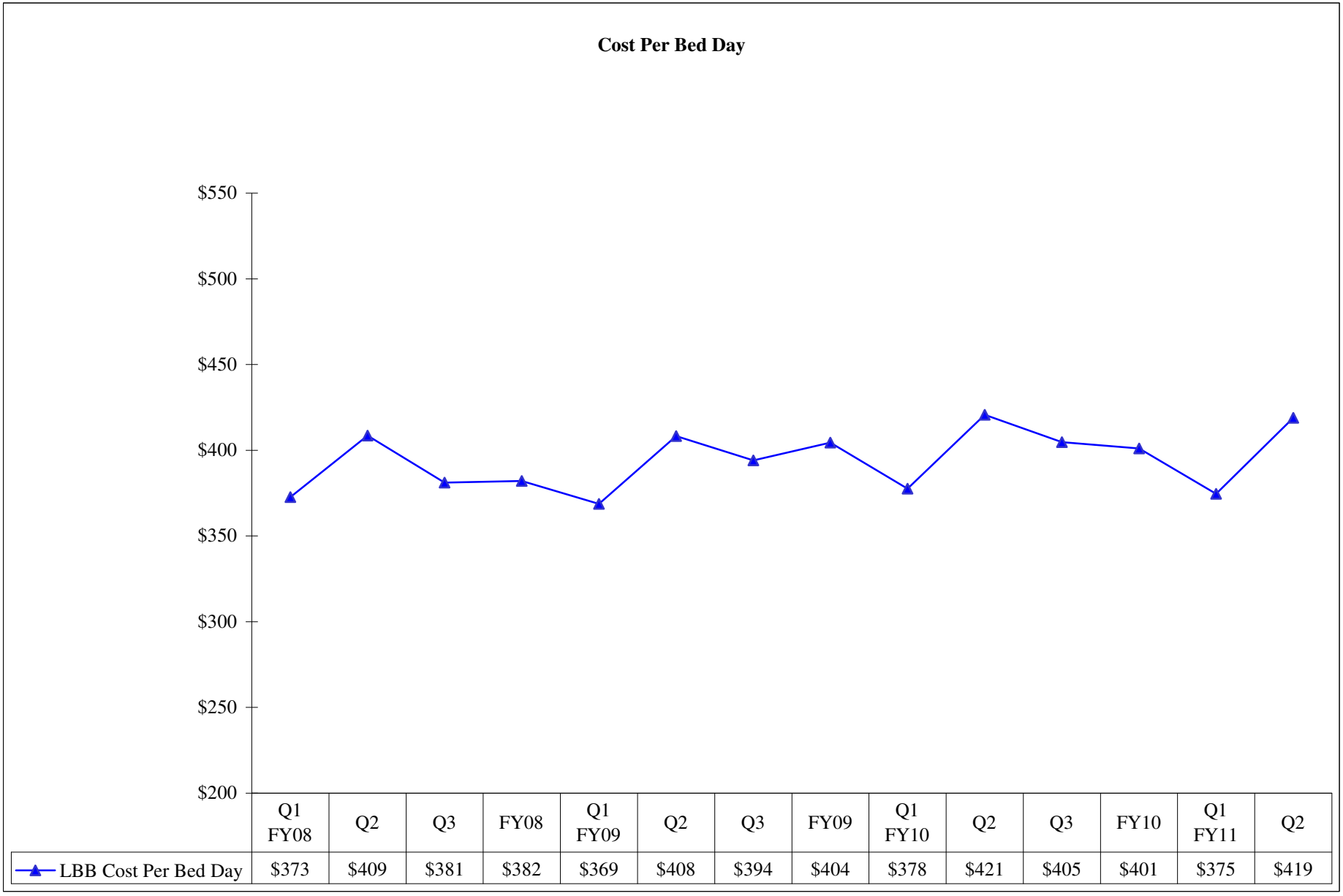
	FY08				FY09				FY10				FY11			
	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
Austin State Hospital																
LBB Cost Per Bed Day	$395	$435	$393	$400	$394	$438	$441	$426	$426	$463	$459	$450	$425	$492		
Big Spring State Hospital																
LBB Cost Per Bed Day	$364	$395	$389	$383	$373	$417	$415	$414	$380	$408	$404	$396	$369	$406		
El Paso Psychiatric Center																
LBB Cost Per Bed Day	$447	$507	$530	$500	$451	$568	$511	$539	$460	$561	$482	$501	$448	$527		
Kerrville State Hospital																
LBB Cost Per Bed Day	$328	$351	$338	$340	$342	$366	$361	$370	$353	$356	$348	$350	$337	$354		
North Texas State Hospital																
LBB Cost Per Bed Day	$387	$407	$364	$375	$361	$391	$380	$389	$359	$396	$380	$378	$364	$399		
Rusk State Hospital																
LBB Cost Per Bed Day	$343	$377	$364	$353	$338	$363	$357	$373	$365	$397	$384	$383	$363	$381		
San Antonio State Hospital																
LBB Cost Per Bed Day	$404	$444	$409	$417	$393	$453	$420	$441	$395	$501	$449	$451	$373	$458		
Terrell State Hospital																
LBB Cost Per Bed Day	$351	$395	$377	$373	$373	$407	$378	$397	$354	$397	$388	$378	$367	$405		
Waco Center for Youth*																
LBB Cost Per Bed Day	$339	$424	$362	$372	$305	$391	$342	$363	$372	$401	$423	$392	$324	$424		
Rio Grande State Center (MH)																
LBB Cost Per Bed Day	$382	$493	$478	$439	$427	$445	$456	$477	$445	$477	$471	$479	$496	$503		
All State MH Hospitals																
LBB Cost Per Bed Day	$373	$409	$381	$382	$369	$408	$394	$404	$378	$421	$405	$401	$375	$419		
Texas Center for Infectious Disease																
LBB Cost Per Bed Day	$524	$864	$633	$704	$527	$868	$635	$712	$874	$799	$622	$725	$750	$720		

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

Measure 1B - Cost Per Bed Day
All State MH Hospitals

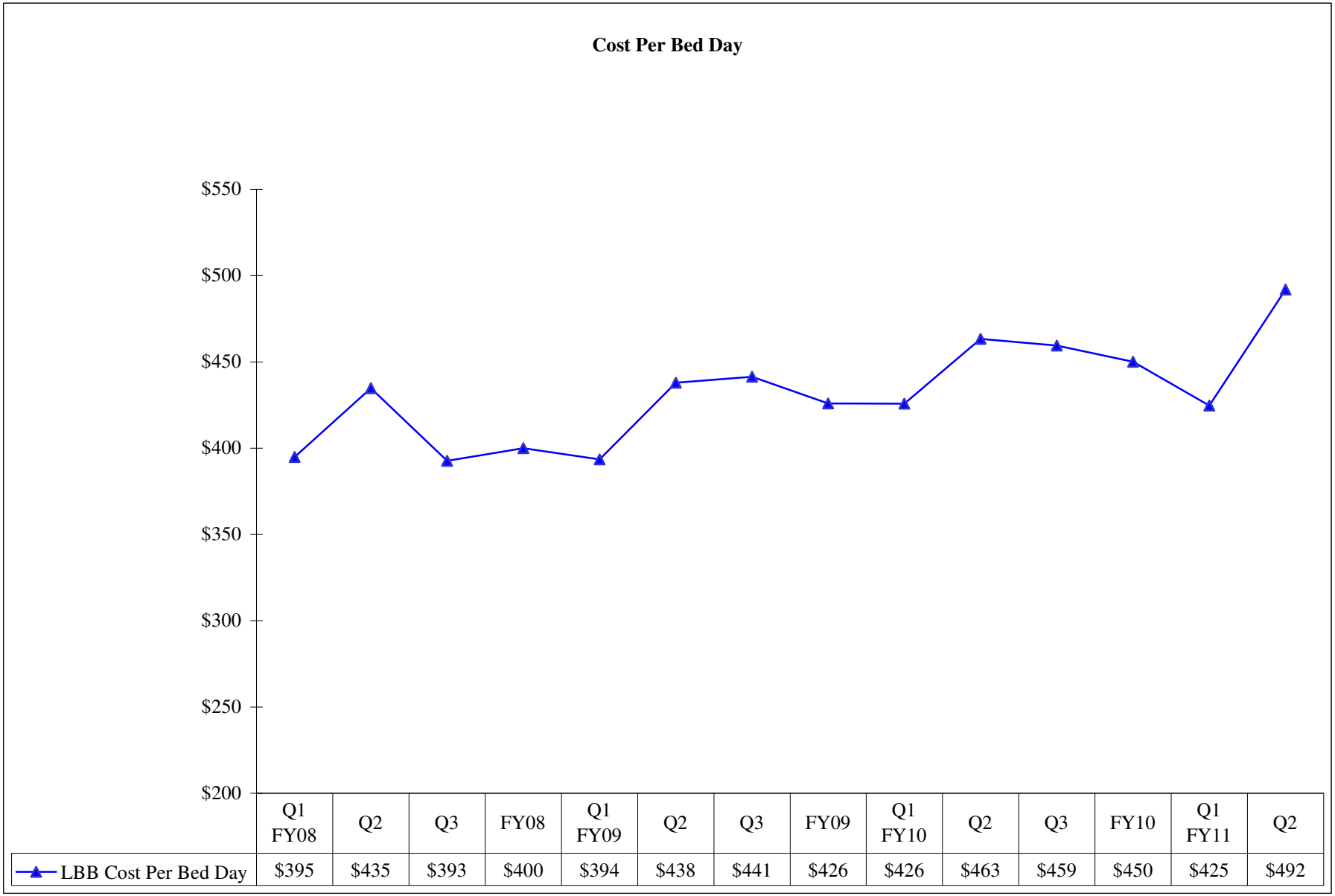


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$373	$409	$381	$382	$369	$408	$394	$404	$378	$421	$405	$401	$375	$419

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Austin State Hospital

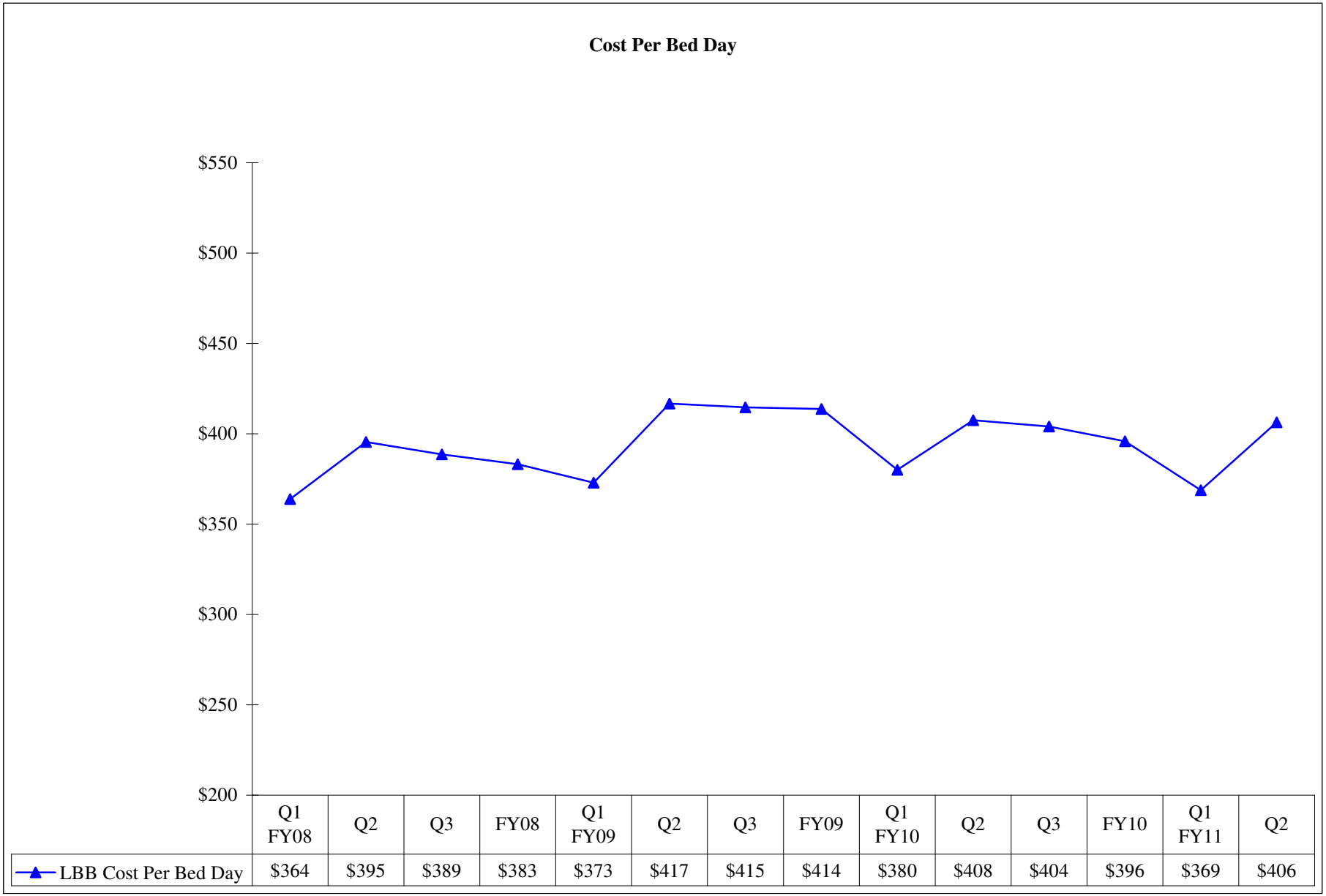


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$395	$435	$393	$400	$394	$438	$441	$426	$426	$463	$459	$450	$425	$492

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Big Spring State Hospital

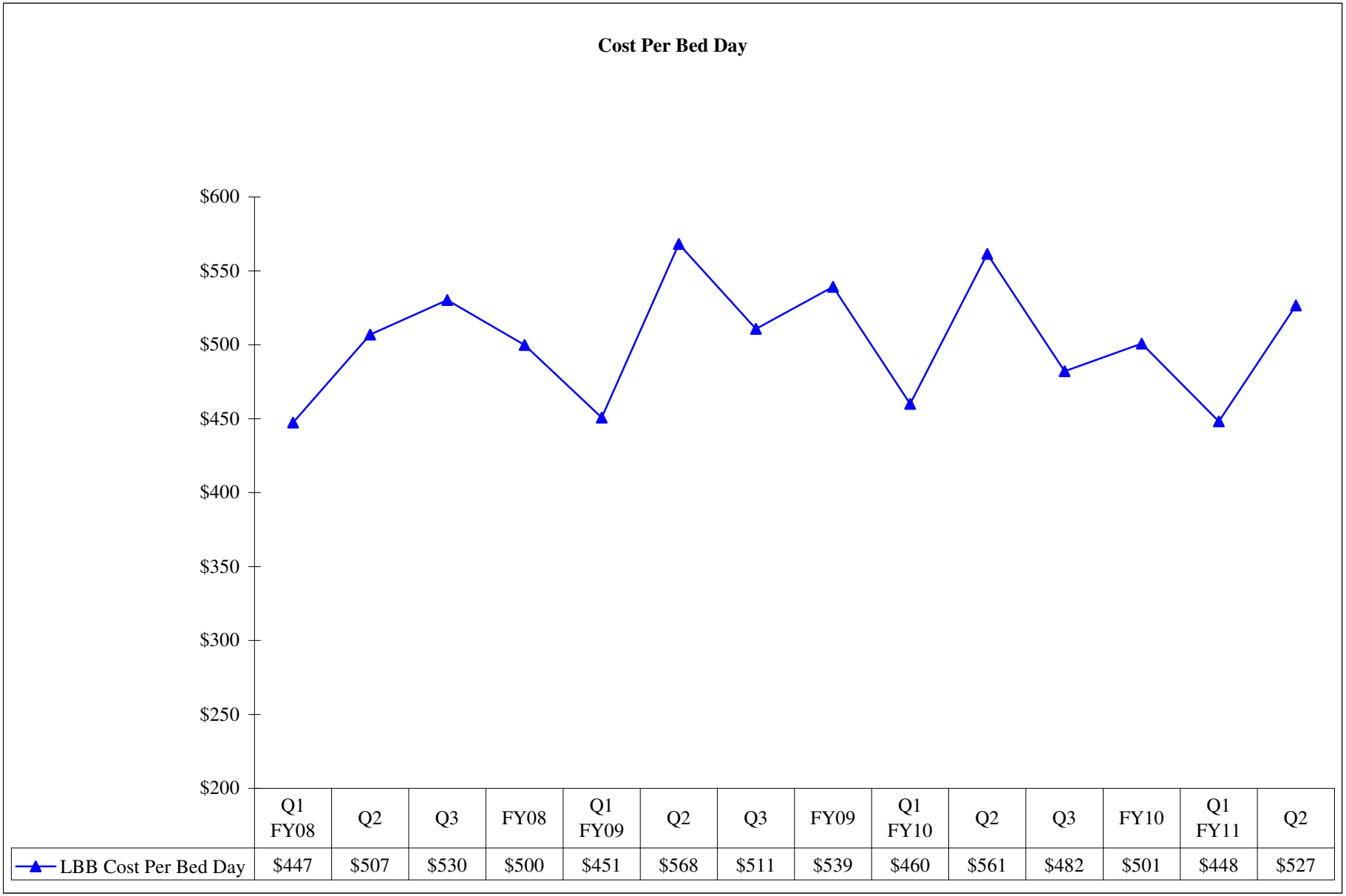


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$364	$395	$389	$383	$373	$417	$415	$414	$380	$408	$404	$396	$369	$406

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
El Paso Psychiatric Center

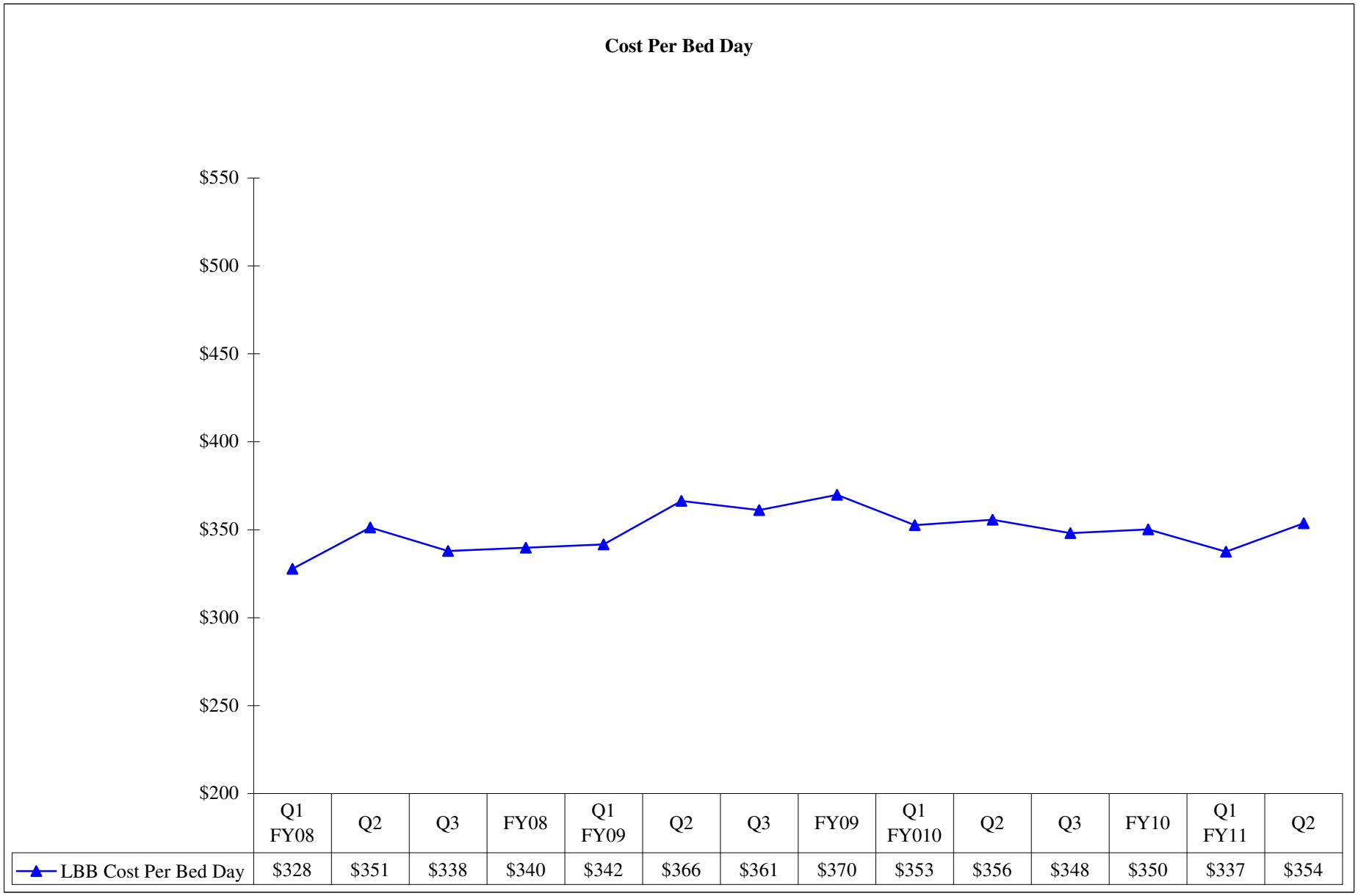


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$447	$507	$530	$500	$451	$568	$511	$539	$460	$561	$482	$501	$448	$527

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Kerrville State Hospital

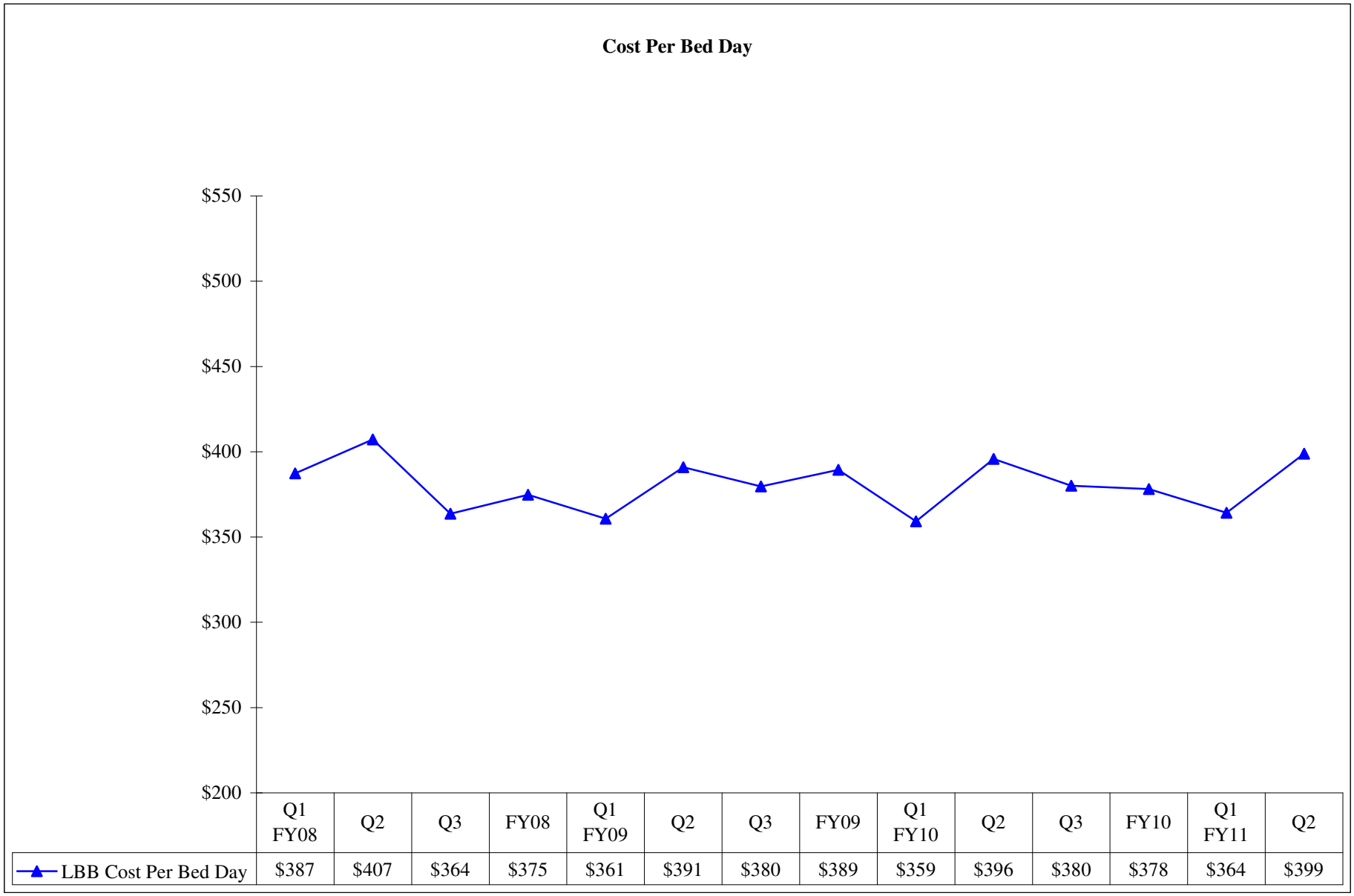


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY010	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$328	$351	$338	$340	$342	$366	$361	$370	$353	$356	$348	$350	$337	$354

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
North Texas State Hospital

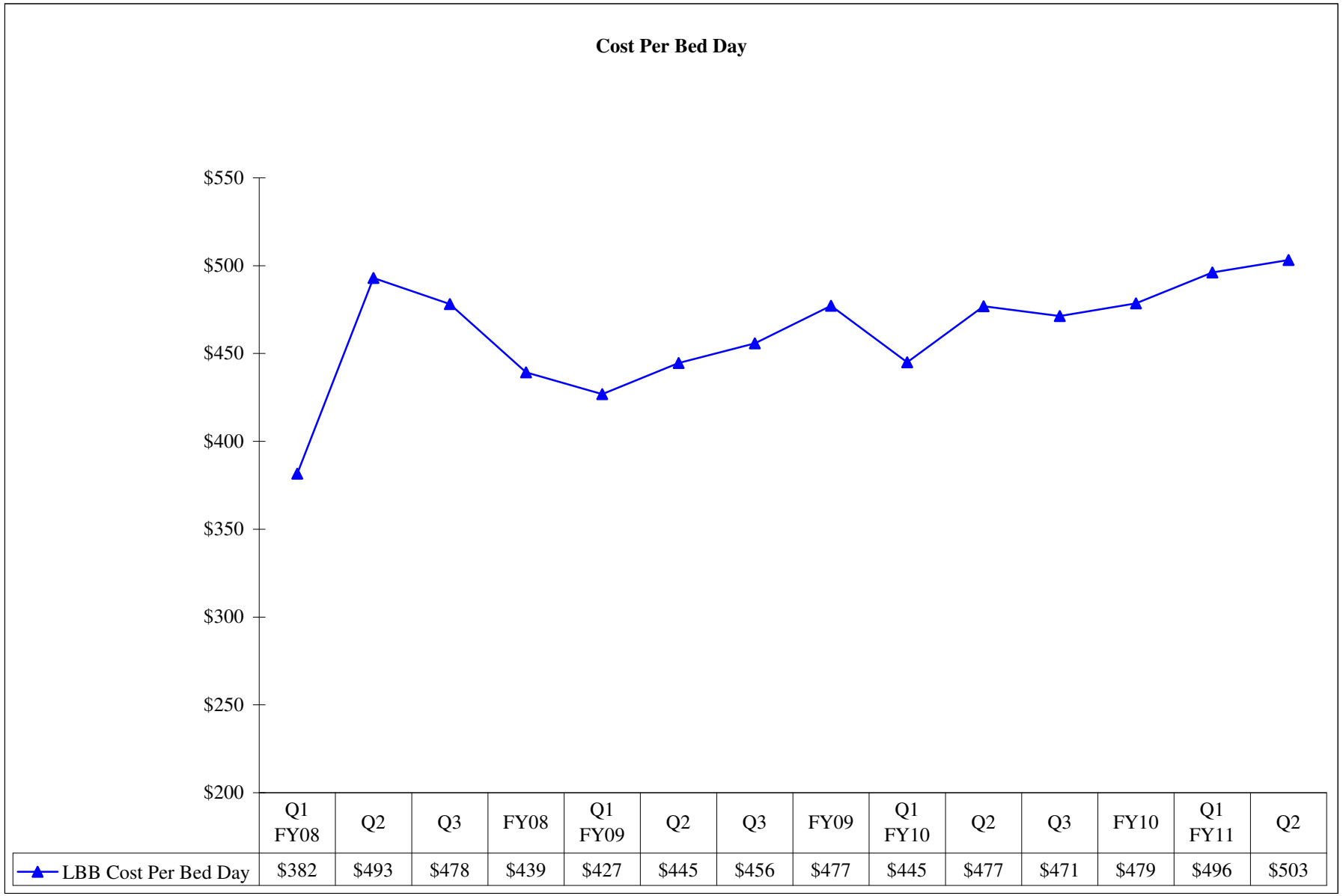


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$387	$407	$364	$375	$361	$391	$380	$389	$359	$396	$380	$378	$364	$399

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Rio Grande State Center (MH only)

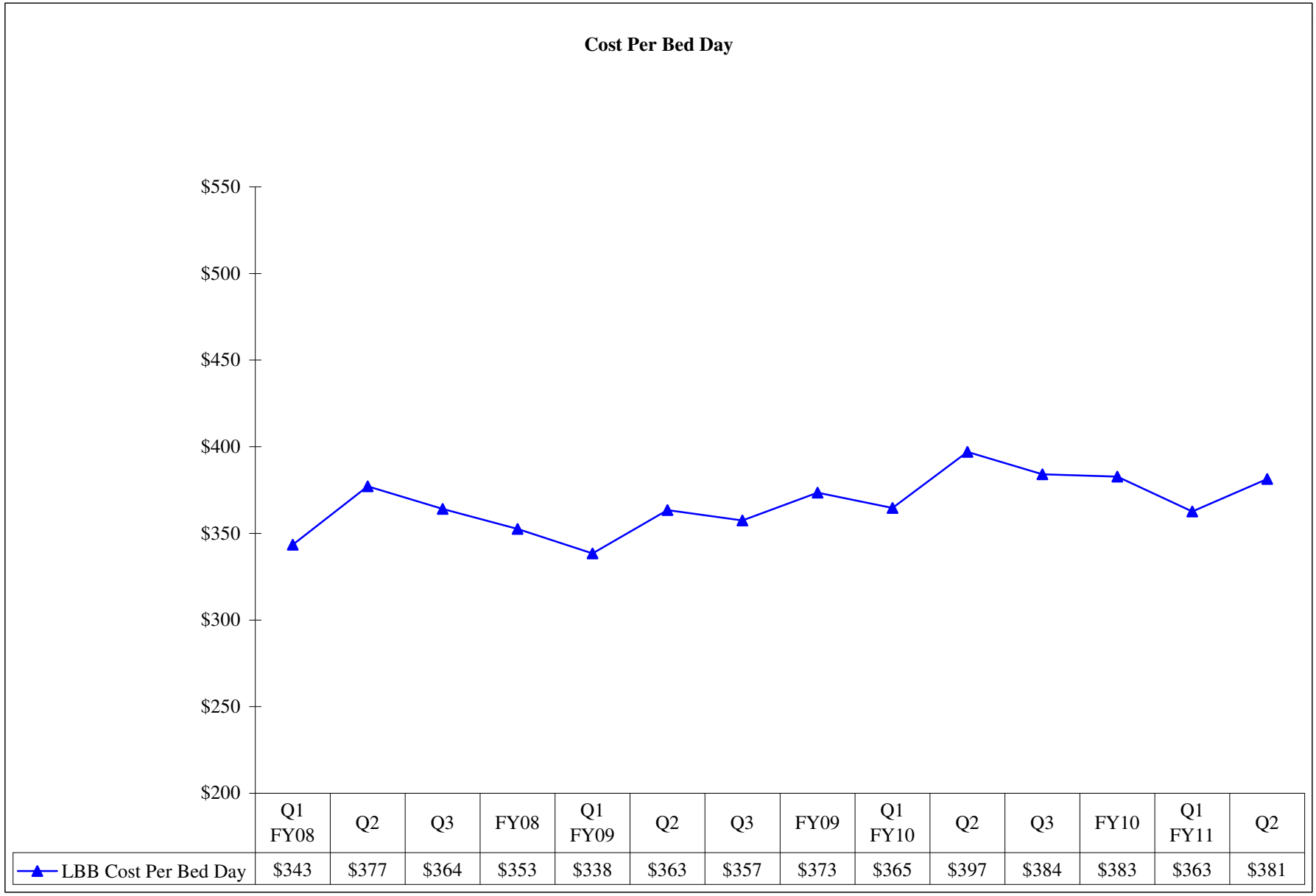


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$382	$493	$478	$439	$427	$445	$456	$477	$445	$477	$471	$479	$496	$503

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Rusk State Hospital

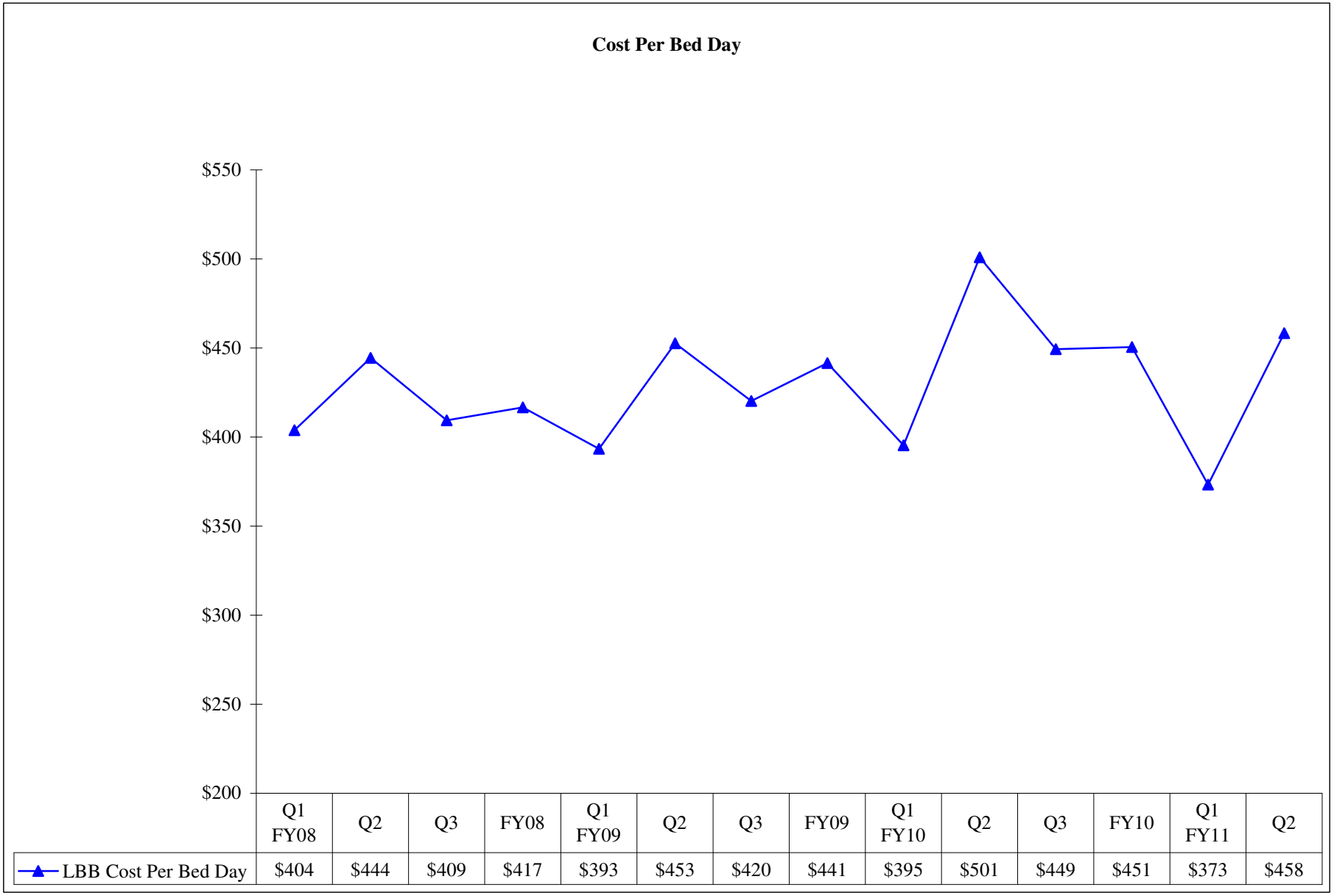


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$343	$377	$364	$353	$338	$363	$357	$373	$365	$397	$384	$383	$363	$381

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
San Antonio State Hospital

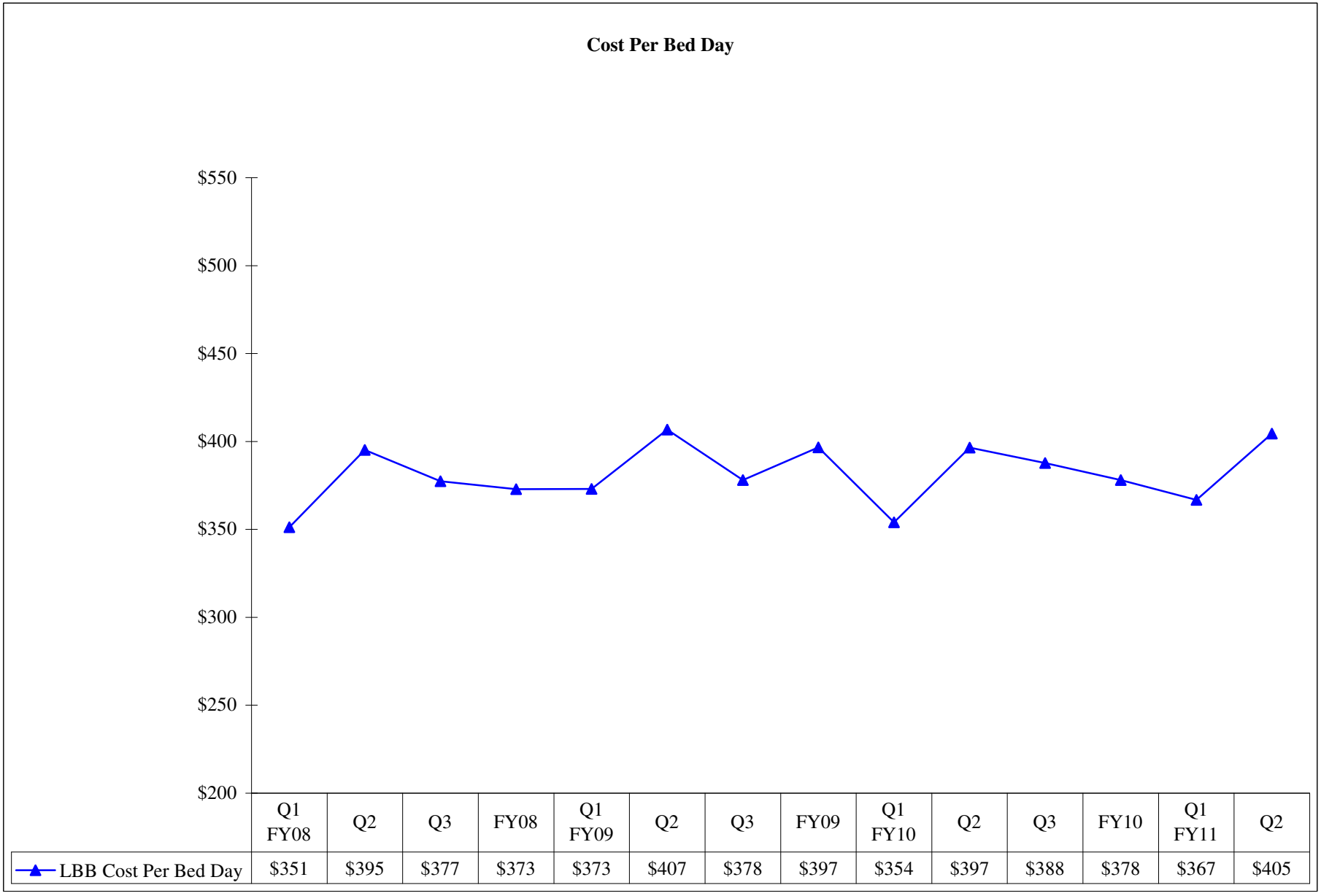


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$404	$444	$409	$417	$393	$453	$420	$441	$395	$501	$449	$451	$373	$458

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Terrell State Hospital

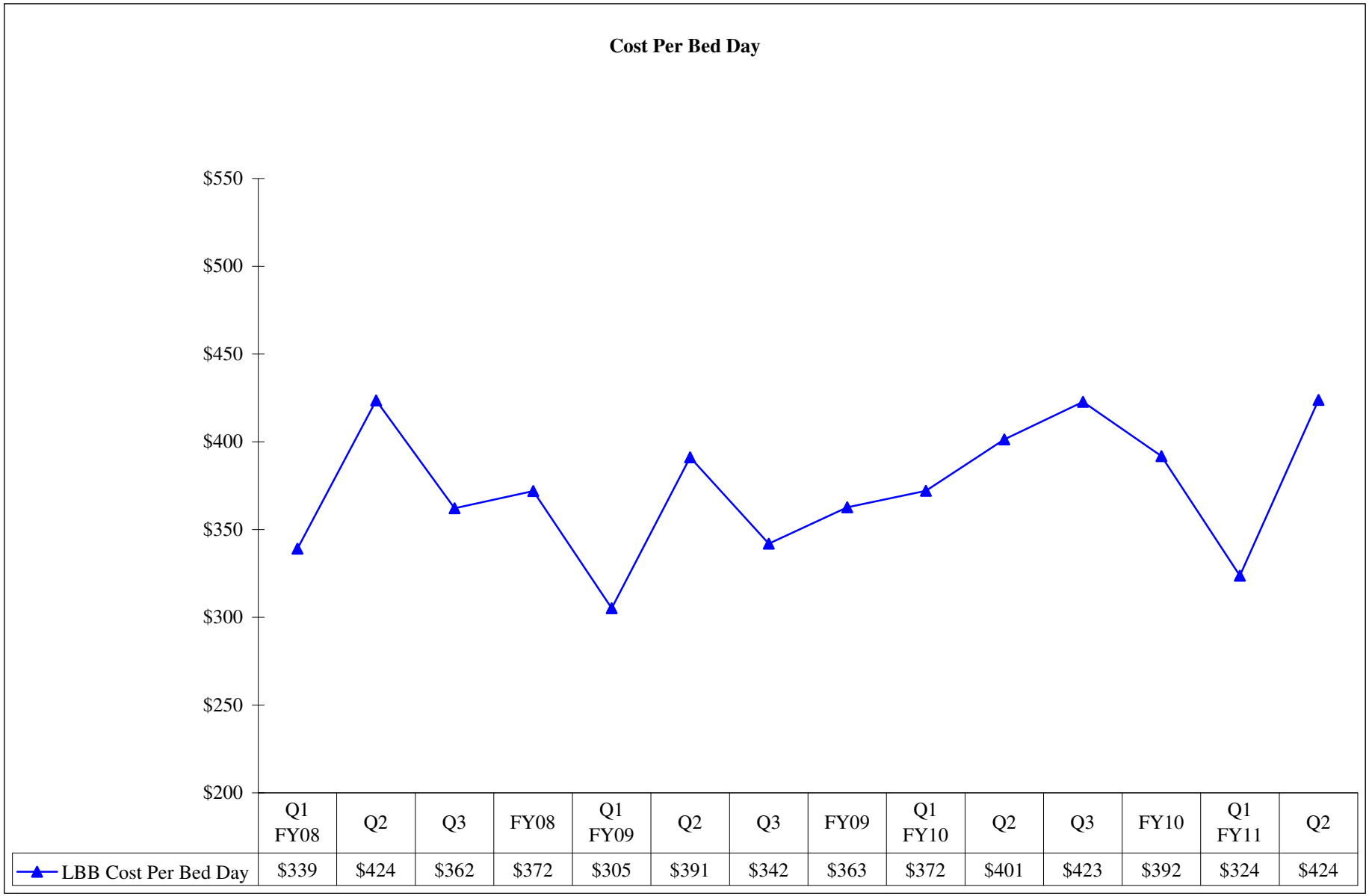


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$351	$395	$377	$373	$373	$407	$378	$397	$354	$397	$388	$378	$367	$405

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Waco Center for Youth

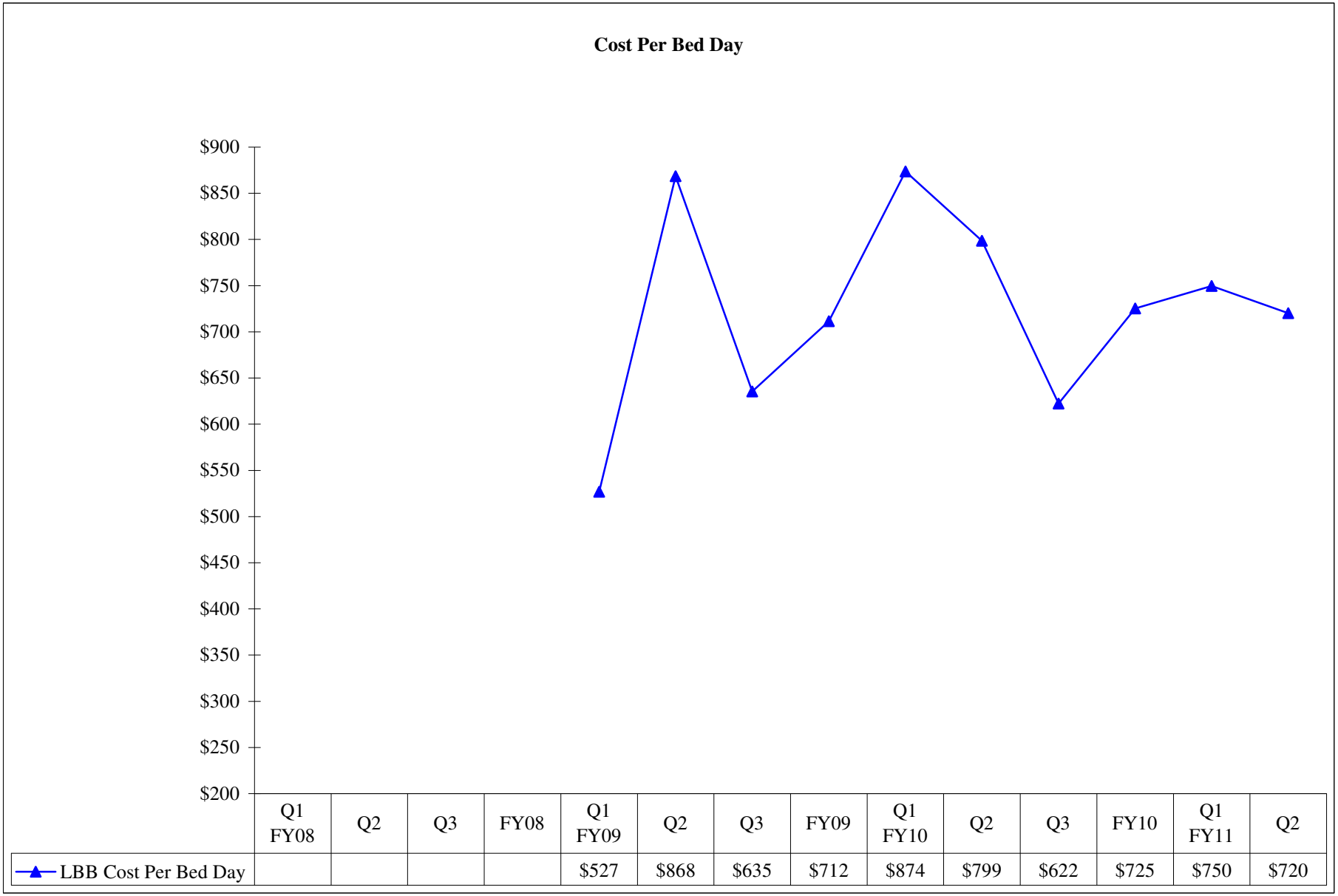


	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day	$339	$424	$362	$372	$305	$391	$342	$363	$372	$401	$423	$392	$324	$424

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Texas Center for Infectious Disease



	Q1 FY08	Q2	Q3	FY08	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2
LBB Cost Per Bed Day					$527	$868	$635	$712	$874	$799	$622	$725	$750	$720

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Performance Measure 1C:

Calculate average daily census of campus-based services.

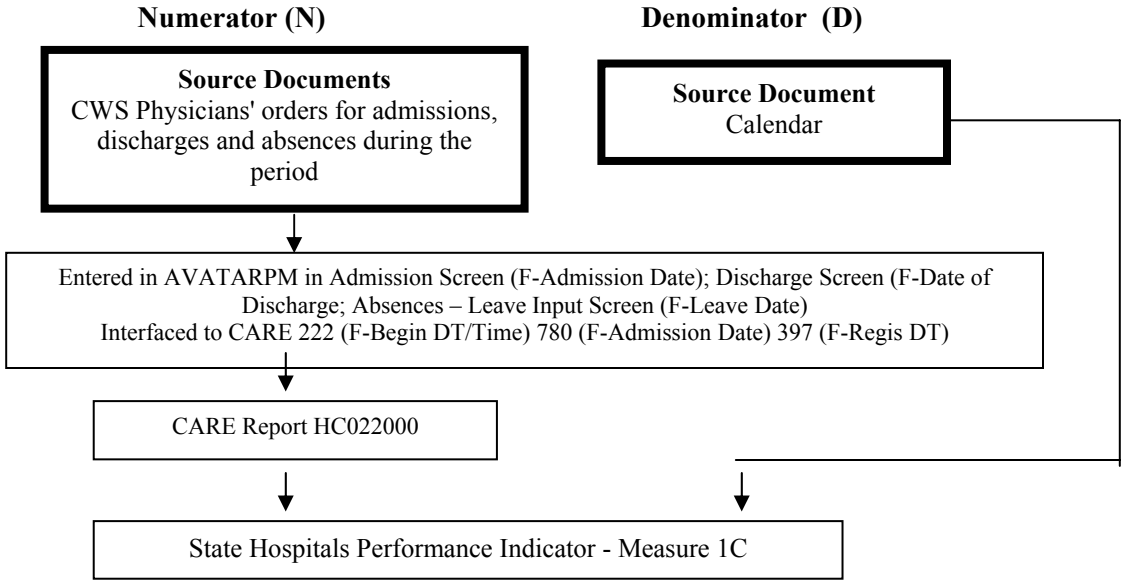
Performance Measure Operational Definition: The state hospital's average daily census will be reported quarterly. Average daily census is computed by dividing the total number of bed days used during the month by the number of calendar days in the month.

Performance Measure Formula: C = **(N/D)**
C = average daily census
N = number of bed days
D = number of calendar days in the month

Performance Measure Data Display and Chart Description:
Chart with monthly data points of average daily census and funded census for individual state hospitals and system-wide.

See Objective 1E for charts

Data Flow:



Performance Measure 1D:

Calculate number of inpatient days.

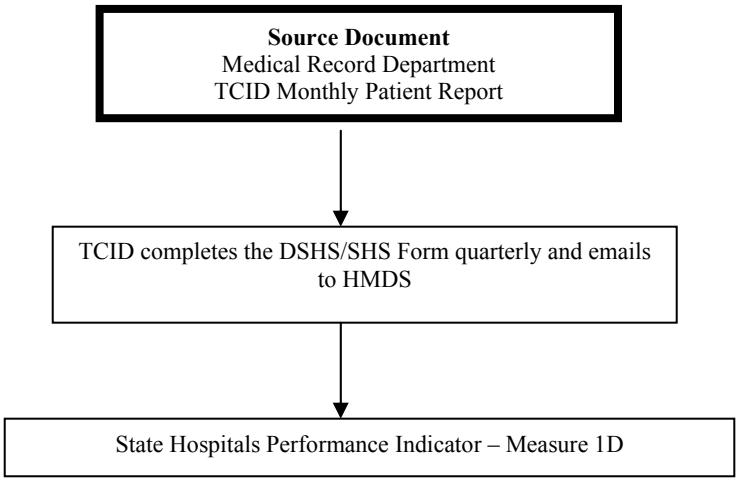
Performance Measure Operational Definition:. TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

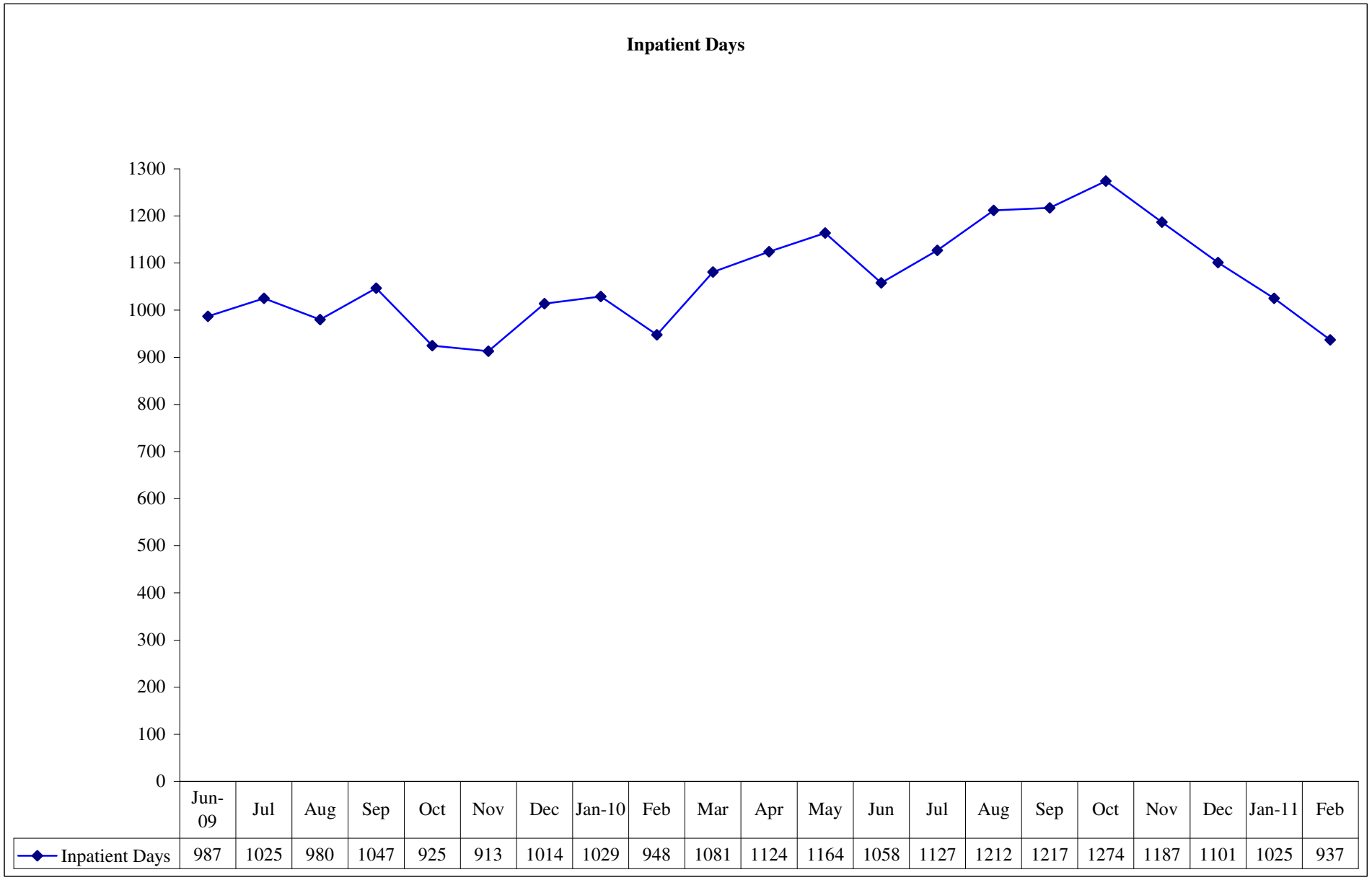
Performance Measure Data Display and Chart Description:

Table shows monthly numbers of inpatient days at TCID.

Data Flow:



Measure 1D - Number of Inpatient Days
TCID



	Jun-09	Jul	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Inpatient Days	987	1025	980	1047	925	913	1014	1029	948	1081	1124	1164	1058	1127	1212	1217	1274	1187	1101	1025	937

Chart: Hospital Management Data Services

Source: TCID Form

GOAL 2: Recognize and Respect the Rights of Each Patient By Conducting Business In An Ethical Manner

Performance Objective 2A:

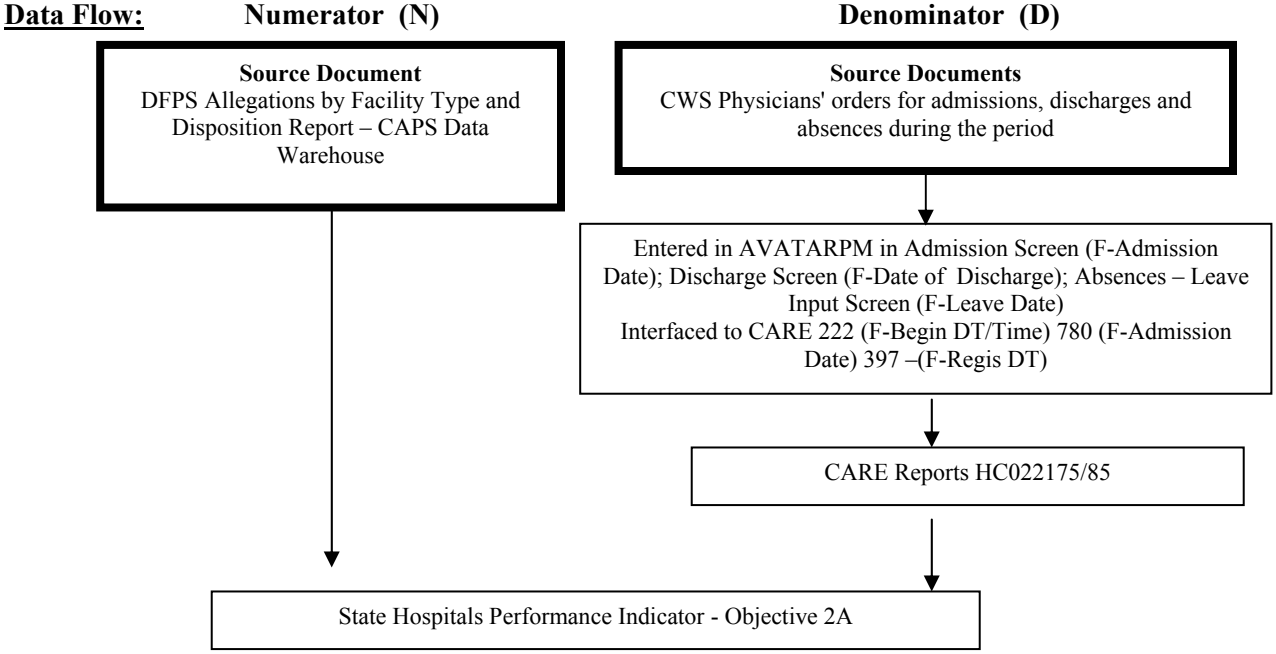
Continue to demonstrate efforts to reduce the rate of confirmed allegations of abuse or neglect.

Performance Objective Operational Definition: The state hospital rate of confirmed closed abuse and neglect cases per 1,000 bed days per quarter. Class I Abuse - if the allegation involves physical abuse which caused or may have caused serious physical injury or sexual abuse. Class II Abuse – if the allegation involves physical abuse which caused or may have caused non-serious physical injury or exploitation. Class III Abuse – if the allegation involves verbal or emotional abuse. Neglect – if the allegation involves neglect.

Performance Objective Formula: R = (N/D) x 1,000
R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY
N = number of confirmed closed cases per FY
D = number of bed days per FY1,000 = bed day rate multiplier.

Performance Objective Data Display and Chart Description:
Table shows number of completed investigations and number of confirmed cases by Texas Department of Family and Protective Services (DFPS) for individual state hospitals.

Data Flow:



Objective 2A - Abuse/Neglect Rate
All State MH Hospitals - As of February 28, 2011

	FY10					FY11				
Facility	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total
All State Hospitals										
Completed Investigations	629	613	524	581	2347	538	533	0	0	1071
Total Confirmed	61	72	49	97	279	48	71	0	0	119
Total Confirmed Rate/1000 Bed Days	0.29	0.34	0.23	0.45	0.33	0.226	0.3427	0.00	0.00	0.28

Source: CANRS Quarterly Report for MH/MR Performance Measures
(HC036320)

Table: Hospital Management Data Services

Performance Objective 2C:

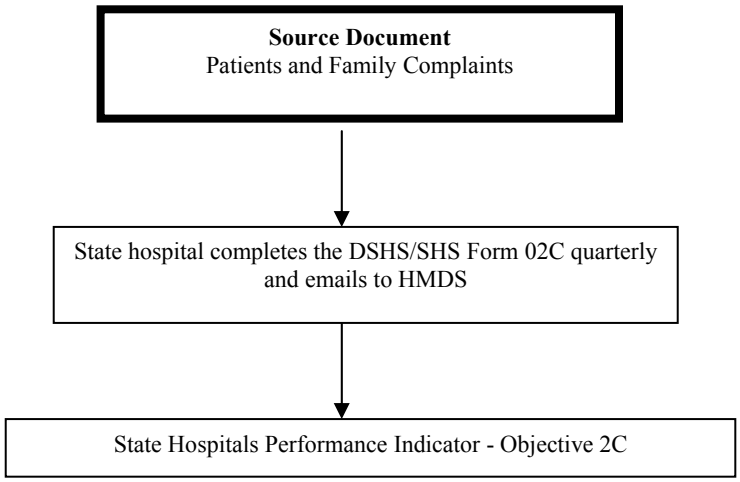
Analyze patient complaints and grievances.

Performance Objective Operational Definition:. Total number of complaints and grievances from state hospitals per quarter regarding property, respect, discharge, medication, treatment team and/or plan and an "other" category will be tracked and analyzed. A grievance is an issue, concerning a patient's treatment, including discharge planning, not satisfactorily resolved by a member of the treatment team, the Patient Rights Office, or other administrative staff.

Performance Objective Data Display and Chart Description:

- Table shows quarterly numbers of complaints and grievances and rate per 1,000 bed days by the individual state hospitals and system-wide.
- Table shows FYTD numbers of complaints and grievances and rate per 1,000 bed days by the individual state hospitals and system-wide.

Data Flow:



Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - Q2 FY11

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	3	4	6	6	21	2	20	4	16	0	2	**84**
Per 1,000 Bed Days	**0.13**	**0.23**	**0.94**	**0.33**	**0.41**	**0.43**	**0.74**	**0.16**	**0.59**	**0.00**	**0.31**	**0.40**
Respect	9	2	7	6	11	1	3	17	37	1	5	**99**
Per 1,000 Bed Days	**0.38**	**0.12**	**1.09**	**0.33**	**0.21**	**0.21**	**0.11**	**0.69**	**1.37**	**0.33**	**0.77**	**0.47**
Discharge	15	8	6	3	12	17	0	14	4	0	0	**79**
Per 1,000 Bed Days	**0.63**	**0.46**	**0.94**	**0.17**	**0.23**	**3.62**	**0.00**	**0.57**	**0.15**	**0.00**	**0.00**	**0.38**
Medication	0	9	4	1	10	0	4	8	14	1	0	**51**
Per 1,000 Bed Days	**0.00**	**0.52**	**0.63**	**0.06**	**0.19**	**0.00**	**0.15**	**0.32**	**0.52**	**0.33**	**0.00**	**0.24**
Treatment Team/Plann	2	4	8	27	19	13	5	19	8	0	2	**107**
Per 1,000 Bed Days	**0.08**	**0.23**	**1.25**	**1.49**	**0.37**	**2.77**	**0.18**	**0.77**	**0.30**	**0.00**	**0.31**	**0.51**
HIPAA	2	1	2	0	2	0	0	2	0	0	0	**9**
Per 1,000 Bed Days	**0.08**	**0.06**	**0.31**	**0.00**	**0.04**	**0.00**	**0.00**	**0.08**	**0.00**	**0.00**	**0.00**	**0.04**
Others	31	12	19	2	101	1	54	49	24	3	8	**304**
Per 1,000 Bed Days	**1.30**	**0.69**	**2.97**	**0.11**	**1.96**	**0.21**	**1.99**	**1.99**	**0.89**	**0.98**	**1.23**	**1.45**
Total	**62**	**40**	**52**	**45**	**176**	**34**	**86**	**113**	**103**	**5**	**17**	**733**
Per 1,000 Bed Days	**2.60**	**2.31**	**8.13**	**2.48**	**3.41**	**7.24**	**3.17**	**4.58**	**3.82**	**1.63**	**2.62**	**3.49**

Table: Hospital Management Data Services

Source: Facility Survey

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - Q2 FY11

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	0	0	0	0	0	41	0	0	0	0	**41**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.51**	**0.00**	**0.00**	**0.00**	**0.00**	**0.19**
Respect	0	1	0	0	0	0	39	0	0	0	0	**40**
Per 1,000 Bed Days	**0.00**	**0.06**	**0.00**	**0.00**	**0.00**	**0.00**	**1.44**	**0.00**	**0.00**	**0.00**	**0.00**	**0.19**
Discharge	0	0	0	0	0	0	48	0	0	0	0	**48**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.77**	**0.00**	**0.00**	**0.00**	**0.00**	**0.23**
Medication	0	1	0	0	0	0	51	0	0	0	0	**52**
Per 1,000 Bed Days	**0.00**	**0.06**	**0.00**	**0.00**	**0.00**	**0.00**	**1.88**	**0.00**	**0.00**	**0.00**	**0.00**	**0.25**
Treatment Team/Plann	0	0	1	0	0	0	55	0	0	0	0	**56**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.16**	**0.00**	**0.00**	**0.00**	**2.03**	**0.00**	**0.00**	**0.00**	**0.00**	**0.27**
HIPAA	0	0	0	0	0	0	1	0	0	0	0	**1**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.04**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Others	0	0	0	0	0	0	107	0	0	0	0	**107**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**3.95**	**0.00**	**0.00**	**0.00**	**0.00**	**0.51**
Total	**0**	**2**	**1**	**0**	**0**	**0**	**342**	**0**	**0**	**0**	**0**	**345**
Per 1,000 Bed Days	**0.00**	**0.12**	**0.16**	**0.00**	**0.00**	**0.00**	**12.62**	**0.00**	**0.00**	**0.00**	**0.00**	**1.64**

Table: Hospital Management Data Services

Source: Facility Survey

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - As of February 28, 2011

FY11

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	12	30	9	11	27	5	34	13	24	0	2	**167**
Per 1,000 Bed Days	**0.25**	**0.85**	**0.70**	**0.30**	**0.26**	**0.53**	**0.62**	**0.26**	**0.44**	**0.00**	**0.15**	**0.39**
Respect	16	6	12	7	23	5	4	42	70	4	5	**194**
Per 1,000 Bed Days	**0.33**	**0.17**	**0.93**	**0.19**	**0.22**	**0.53**	**0.07**	**0.84**	**1.28**	**0.59**	**0.38**	**0.46**
Discharge	44	26	13	3	17	27	1	25	6	0	1	**163**
Per 1,000 Bed Days	**0.91**	**0.74**	**1.01**	**0.08**	**0.16**	**2.89**	**0.02**	**0.50**	**0.11**	**0.00**	**0.08**	**0.38**
Medication	5	17	10	5	32	1	6	13	35	1	0	**125**
Per 1,000 Bed Days	**0.10**	**0.48**	**0.78**	**0.14**	**0.31**	**0.11**	**0.11**	**0.26**	**0.64**	**0.15**	**0.00**	**0.29**
Treatment Team/Planning	5	40	16	52	45	28	14	46	18	0	3	**267**
Per 1,000 Bed Days	**0.10**	**1.14**	**1.24**	**1.43**	**0.43**	**2.99**	**0.26**	**0.92**	**0.33**	**0.00**	**0.23**	**0.63**
HIPAA	2	1	2	0	7	0	1	3	1	0	0	**17**
Per 1,000 Bed Days	**0.04**	**0.03**	**0.16**	**0.00**	**0.07**	**0.00**	**0.02**	**0.06**	**0.02**	**0.00**	**0.00**	**0.04**
Others	93	41	33	2	213	4	114	90	49	4	9	**652**
Per 1,000 Bed Days	**1.92**	**1.16**	**2.56**	**0.05**	**2.04**	**0.43**	**2.08**	**1.80**	**0.89**	**0.59**	**0.68**	**1.53**
Total	**177**	**161**	**95**	**80**	**364**	**70**	**174**	**232**	**203**	**9**	**20**	**1585**
Per 1,000 Bed Days	**3.66**	**4.57**	**7.38**	**2.20**	**3.48**	**7.48**	**3.18**	**4.64**	**3.70**	**1.34**	**1.51**	**3.72**

Table: Hospital Management Data Services

Source: Facility Survey

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - As of February 28, 2011

FY11

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	0	0	0	0	0	68	0	0	0	0	**68**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.24**	**0.00**	**0.00**	**0.00**	**0.00**	**0.16**
Respect	0	1	0	0	0	0	89	0	0	0	0	**90**
Per 1,000 Bed Days	**0.00**	**0.03**	**0.00**	**0.00**	**0.00**	**0.00**	**1.63**	**0.00**	**0.00**	**0.00**	**0.00**	**0.21**
Discharge	0	0	0	0	0	0	90	0	0	0	0	**90**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.64**	**0.00**	**0.00**	**0.00**	**0.00**	**0.21**
Medication	0	2	0	0	0	0	97	0	0	0	0	**99**
Per 1,000 Bed Days	**0.00**	**0.06**	**0.00**	**0.00**	**0.00**	**0.00**	**1.77**	**0.00**	**0.00**	**0.00**	**0.00**	**0.23**
Treatment Team/Planning	0	0	1	0	0	0	96	0	0	0	0	**97**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.08**	**0.00**	**0.00**	**0.00**	**1.75**	**0.00**	**0.00**	**0.00**	**0.00**	**0.23**
HIPAA	0	0	0	0	0	0	4	0	0	0	0	**4**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.07**	**0.00**	**0.00**	**0.00**	**0.00**	**0.01**
Others	0	0	0	0	0	0	195	0	0	0	0	**195**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**3.56**	**0.00**	**0.00**	**0.00**	**0.00**	**0.46**
Total	**0**	**3**	**1**	**0**	**0**	**0**	**639**	**0**	**0**	**0**	**0**	**643**
Per 1,000 Bed Days	**0.00**	**0.09**	**0.08**	**0.00**	**0.00**	**0.00**	**11.67**	**0.00**	**0.00**	**0.00**	**0.00**	**1.51**

Table: Hospital Management Data Services

Source: Facility Survey

GOAL 3: Provide Individualized and Evidence Based Treatment

Performance Objective 3A:

Continue to demonstrate efforts to reduce the restraint and seclusion rate with a goal of zero.

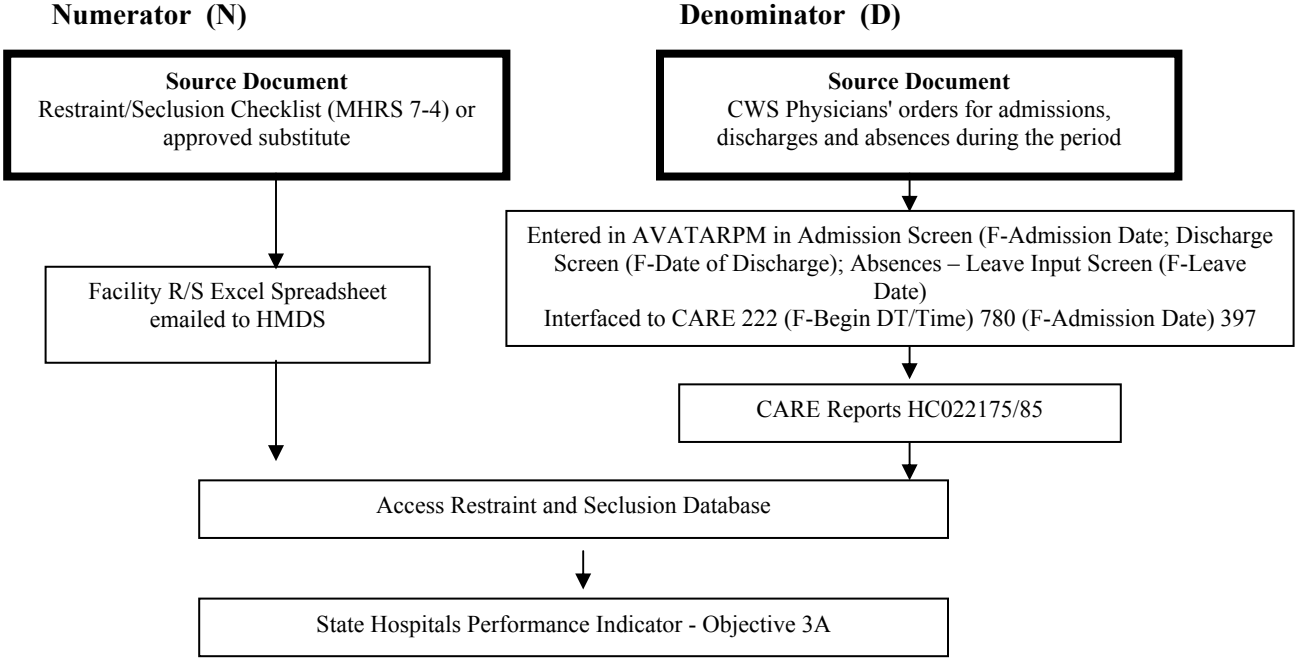
Performance Objective Operational Definition: The number of restraint and seclusion incidents as documented on the MHRS 7-4 (or approved substitute) per 1,000 bed days.

Performance Objective Formula: R = (N/D) x 1,000
R = rate of restraint and seclusion incidents per 1,000 bed days per FY quarter
N = number of restraint and seclusion incidents or number of persons involved in restraint/seclusion
D = number of bed days per FY quarter 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

- Table shows quarterly numbers of incidents, numbers of persons, and total hours for restraints and seclusions involving children, adolescents and adults for individual state hospitals and system-wide. Also shows child/adolescent bed days and all other units bed days for the quarter for individual state hospitals and system-wide.
- Table shows quarterly numbers of restraints by type for individual state hospitals and system-wide and table shows quarterly numbers of restraints by type per 1,000 bed days for individual state hospitals and system-wide.
- Chart with quarterly data points of restraint and seclusion incidents per 1,000 bed days for child/adolescent and adults for individual state hospitals and system-wide.
- Chart with quarterly data points of average number of hours per restraint/seclusion incident for child/adolescent and adults for individual state hospitals and system-wide.
- Chart with quarterly data points of number of persons in restraint/seclusion for 1,000 bed days for child/adolescent and adults for individual state hospitals and system-wide.

Data Flow:



Objective 3A - Maintain Restraint and Seclusion Data
All MH Facilities - FY11

	Fiscal Year 2011											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	1,956	1,998			1,956	1,998			1,956	1,998		
Bed Days in Quarter-All Other Units	22,518	21,876			22,518	21,876			22,518	21,876		
Restraint Involving Children	3	0			3	0			1.1	0.0		
Restraint Involving Adolescents	71	36			18	12			24.7	10.3		
Restraint Involving Adults	631	548			126	134			424.8	331.2		
Seclusion Involving Children	0	0			0	0			0.0	0.0		
Seclusion Involving Adolescents	0	0			0	0			0.0	0.0		
Seclusion Involving Adults	13	4			2	4			29.9	3.8		
Big Spring State Hospital												
Bed Days in Quarter	17,942	17,283			17,942	17,283			17,942	17,283		
Restraint Involving Adults	204	320			39	55			133.8	237.7		
Seclusion Involving Adults	5	19			4	3			4.3	15.9		
El Paso Psychiatric Center												
Child/Adolescent Bed Days	461	532			461	532			461	532		
Bed Days in Quarter-All Other Units	6,009	5,866			6,009	5,866			6,009	5,866		
Restraint Involving Children	5	10			2	3			0.8	3.82		
Restraint Involving Adolescents	57	170			12	8			18.3	70.0		
Restraint Involving Adults	107	89			27	19			27.2	34.4		
Seclusion Involving Children	0	0			0	0			0.0	0.0		
Seclusion Involving Adolescents	2	0			2	0			0.1	0.0		
Seclusion Involving Adults	0	1			0	1			0.0	1.3		
Kerrville State Hospital												
Bed Days in Quarter	18,298	18,130			18,298	18,130			18,298	18,130		
Restraint Involving Adults	17	11			5	5			3.2	20.2		
Seclusion Involving Adults	0	0			0	0			0.0	0.0		

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Objective 3A - Maintain Restraint and Seclusion Data
All MH Facilities - FY11

Fiscal Year 2011

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Texas State Hospital												
Child/Adolescent Bed Days	8,486	8,180			8,486	8,180			8,486	8,180		
Bed Days in Quarter-All Other Units	44,349	43,441			44,349	43,441			44,349	43,441		
Restraint Involving Children	1	0			1	0			0.03	0.0		
Restraint Involving Adolescents	179	133			42	33			117.8	79.2		
Restraint Involving Adults	706	488			154	143			591.4	368.0		
Seclusion Involving Children	1	0			1	0			0.9	0.0		
Seclusion Involving Adolescents	1	1			1	1			0.9	2.0		
Seclusion Involving Adults	21	25			16	13			36.5	72.2		
Rio Grande State Center												
Bed Days in Quarter	4,655	4,698			4,655	4,698			4,655	4,698		
Restraint Involving Adults	60	57			15	26			5.8	6.3		
Seclusion Involving Adults	45	1			2	1			148.6	4.0		
Rusk State Hospital												
Bed Days in Quarter	27,662	27,102			27,662	27,102			27,662	27,102		
Restraint Involving Adults	141	176			65	78			37.6	78.9		
Seclusion Involving Adults	5	18			5	16			6.7	32.4		
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	2,109	2,313			2,109	2,313			2,109	2,313		
Bed Days in Quarter-All Other Units	23,274	22,338			23,274	22,338			23,274	22,338		
Restraint Involving Adolescents	74	82			15	22			33.1	27.1		
Restraint Involving Adults	172	211			47	62			173.0	206.7		
Seclusion Involving Adolescents	3	3			2	1			1.4	2.8		
Seclusion Involving Adults	1	8			1	4			0.8	8.5		

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Objective 3A - Maintain Restraint and Seclusion Data
All MH Facilities - FY11

Fiscal Year 2011

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	2,279	2,021			2,279	2,021			2,279	2,021		
Bed Days in Quarter-All Other Units	25,555	24,946			25,555	24,946			25,555	24,946		
Restraint Involving Children	1	0			1	0			0.03	0.0		
Restraint Involving Adolescents	53	33			17	16			17.5	6.9		
Restraint Involving Adults	180	129			68	68			144.6	30.7		
Seclusion Involving Children	0	0			0	0			0.0	0.0		
Seclusion Involving Adolescents	0	0			0	0			0.0	0.0		
Seclusion Involving Adults	11	8			6	6			21.4	8.7		
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,799	6,482			6,799	6,482			6,799	6,482		
Restraint Involving Adolescents	86	59			31	24			12.0	13.5		
Seclusion Involving Adolescents	0	0			0	0			0.0	0.0		
All State MH Hospitals												
Child/Adolescent Bed Days	22,090	21,526	0	0	22,090	21,526	0	0	22,090	21,526	0	0
Bed Days in Quarter-All Other Units	190,262	185,680	0	0	190,262	185,680	0	0	190,262	185,680	0	0
Restraint Involving Children	10	10			7	3			2.0	3.8		
Restraint Involving Adolescents	520	513			135	115			223.4	206.8		
Restraint Involving Adults	2,218	2,029			546	590			1,541.4	1,314.1		
Seclusion Involving Children	1	0	0	0	1	0	0	0	0.9	0.0	0.0	0.0
Seclusion Involving Adolescents	6	4	0	0	5	2	0	0	2.4	4.8	0.0	0.0
Seclusion Involving Adults	101	84	0	0	36	48	0	0	248.2	146.8	0.0	0.0

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Objective 3A - Maintain Restraint and Seclusion Data

All State MH Hospitals **Fiscal Year 2011**

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	2	0			2	0		
< 5 Restraint Involving Adolescents	25	13			13	9		
< 5 Restraint Involving Adults	339	284			107	115		
Big Spring State Hospital								
< 5 Restraint Involving Adults	50	91			25	36		
El Paso Psychiatric Center								
< 5 Restraint Involving Children	3	5			2	3		
< 5 Restraint Involving Adolescents	28	84			10	8		
< 5 Restraint Involving Adults	83	60			24	17		
Kerrville State Hospital								
< 5 Restraint Involving Adults	10	5			5	5		
North Texas State Hospital								
< 5 Restraint Involving Children	1	0			1	0		
< 5 Restraint Involving Adolescents	45	33			26	18		
< 5 Restraint Involving Adults	282	213			119	103		
Rio Grande State Center								
< 5 Restraint Involving Adults	39	30			11	19		
Rusk State Hospital								
< 5 Restraint Involving Adults	95	101			58	63		
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	39	46			14	18		
< 5 Restraint Involving Adults	45	52			22	38		
Terrell State Hospital								
< 5 Restraint Involving Children	1	0			1	0		
< 5 Restraint Involving Adolescents	19	15			13	9		
< 5 Restraint Involving Adults	90	84			55	57		
Waco Center For Youth								
< 5 Restraint Involving Adolescents	35	17			19	11		
All State MH Hospitals								
< 5 Restraint Involving Children	7	5			6	3		
< 5 Restraint Involving Adolescents	191	208			95	73		
< 5 Restraint Involving Adults	1,033	920			426	453		

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals **Fiscal Year 2011**

	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
Austin State Hospital					
Personal Restraint	458	371			829
Mechanical Restraint	247	213			460
Seclusion	13	4			17
Big Spring State Hospital					
Personal Restraint	118	190			308
Mechanical Restraint	86	130			216
Seclusion	5	19			24
El Paso Psychiatric Center					
Personal Restraint	130	166			296
Mechanical Restraint	39	103			142
Seclusion	2	1			3
Kerrville State Hospital					
Personal Restraint	14	7			21
Mechanical Restraint	3	4			7
Seclusion	0	0			0
North Texas State Hospital					
Personal Restraint	560	410			970
Mechanical Restraint	326	211			537
Seclusion	23	26			49
Rio Grande State Center					
Personal Restraint	60	57			117
Mechanical Restraint	0	0			0
Seclusion	45	1			46
Rusk State Hospital					
Personal Restraint	109	125			234
Mechanical Restraint	32	51			83
Seclusion	5	18			23
San Antonio State Hospital					
Personal Restraint	134	161			295
Mechanical Restraint	112	132			244
Seclusion	4	11			15

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals **Fiscal Year 2011**

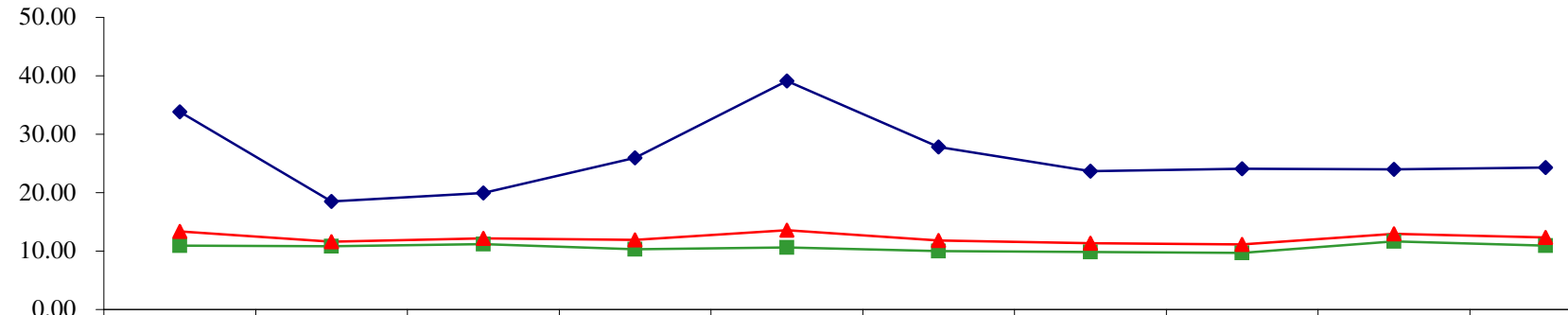
	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
Terrell State Hospital					
Personal Restraint	159	135			294
Mechanical Restraint	75	27			102
Seclusion	11	8			19
Waco Center For Youth					
Personal Restraint	78	50			128
Mechanical Restraint	8	9			17
Seclusion	0	0			0
All State MH Hospitals					
Personal Restraint	1,820	1,672			3,492
Mechanical Restraint	928	880			1,808
Seclusion	108	88			196

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

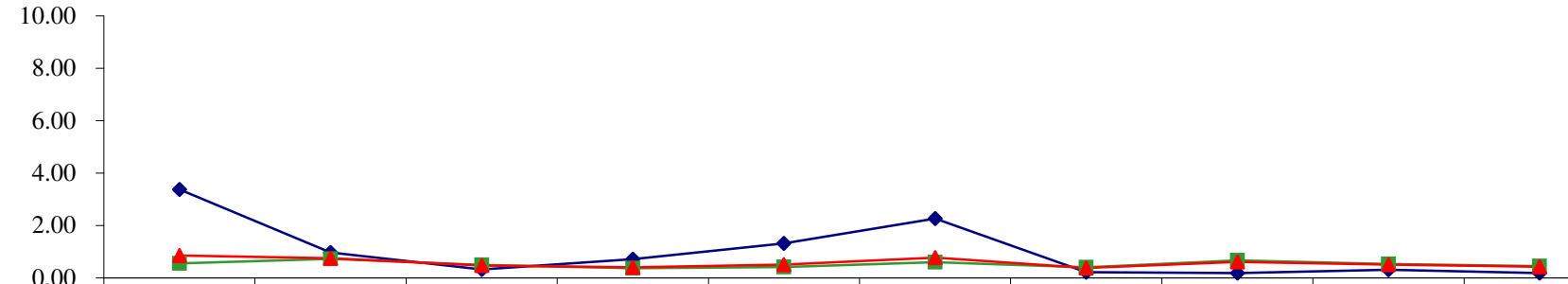
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Restraint Incidents Per 1,000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	33.81	18.51	19.96	25.96	39.11	27.81	23.70	24.07	23.99	24.30
Adults	10.92	10.84	11.21	10.29	10.60	9.99	9.86	9.67	11.66	10.93
Total	13.37	11.59	12.18	11.91	13.55	11.80	11.35	11.14	12.94	12.32

Seclusion Incidents Per 1,000 Bed Days



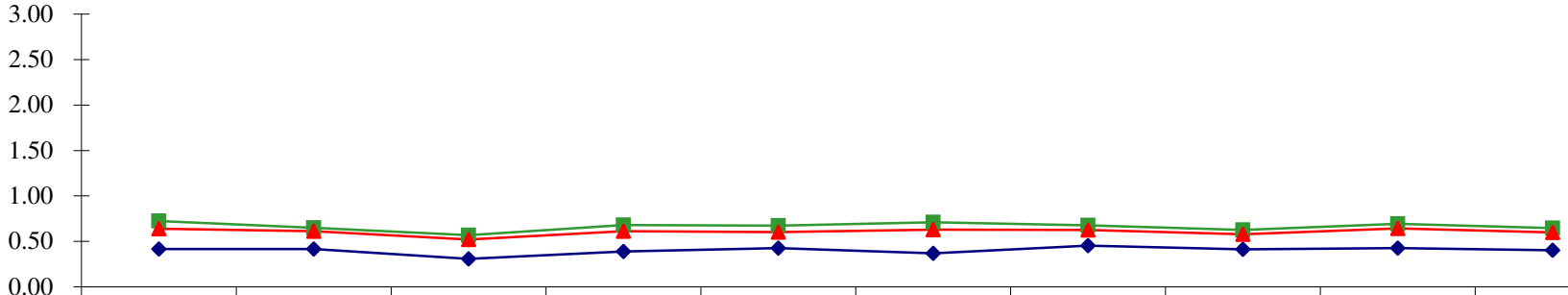
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	3.38	0.97	0.33	0.72	1.32	2.26	0.21	0.18	0.32	0.19
Adults	0.55	0.73	0.49	0.37	0.41	0.61	0.41	0.67	0.53	0.45
Total	0.86	0.75	0.48	0.41	0.51	0.77	0.38	0.62	0.51	0.42

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

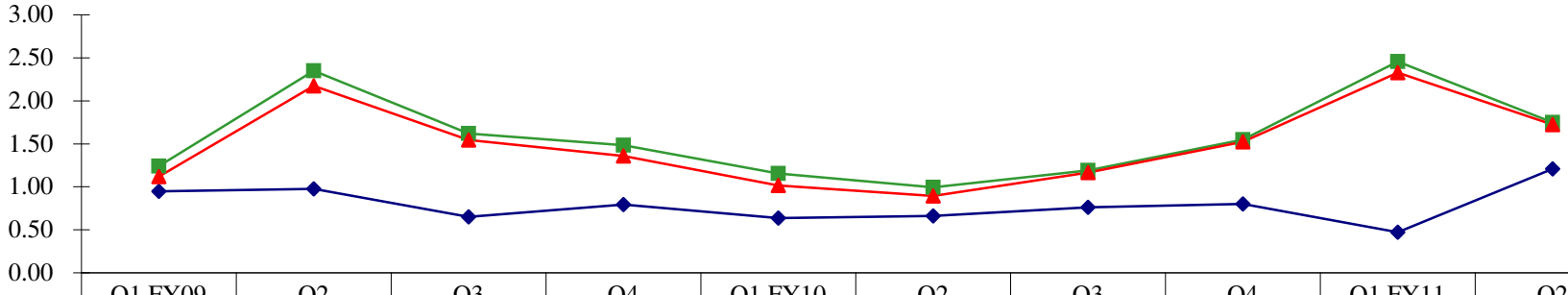
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.42	0.41	0.31	0.39	0.43	0.37	0.45	0.41	0.43	0.40
Adults	0.72	0.65	0.57	0.68	0.67	0.71	0.68	0.63	0.69	0.65
Total	0.64	0.61	0.52	0.61	0.60	0.63	0.63	0.58	0.64	0.60

Average Number of Hours Per Incident in Seclusion



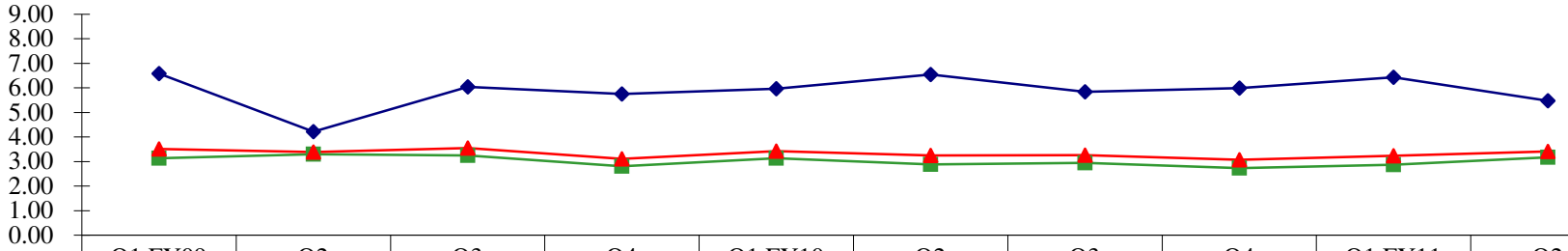
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.95	0.98	0.65	0.79	0.64	0.66	0.76	0.80	0.47	1.21
Adults	1.24	2.35	1.62	1.48	1.16	0.99	1.19	1.55	2.46	1.75
Total	1.12	2.17	1.54	1.36	1.02	0.90	1.17	1.52	2.33	1.72

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

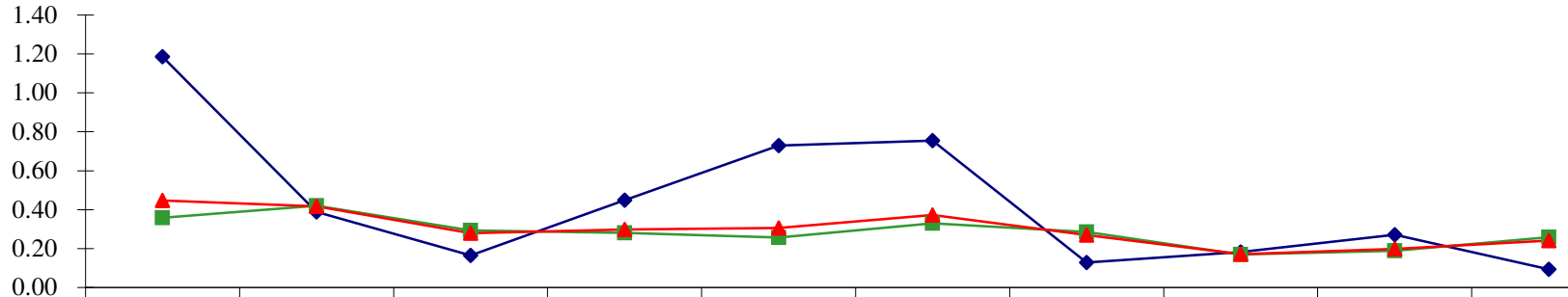
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	6.59	4.22	6.04	5.75	5.97	6.55	5.84	6.00	6.43	5.48
Adults	3.14	3.29	3.24	2.80	3.14	2.88	2.94	2.74	2.87	3.18
Total	3.51	3.38	3.55	3.11	3.43	3.25	3.25	3.07	3.24	3.42

Number of Persons in Seclusion/1000 Bed Days



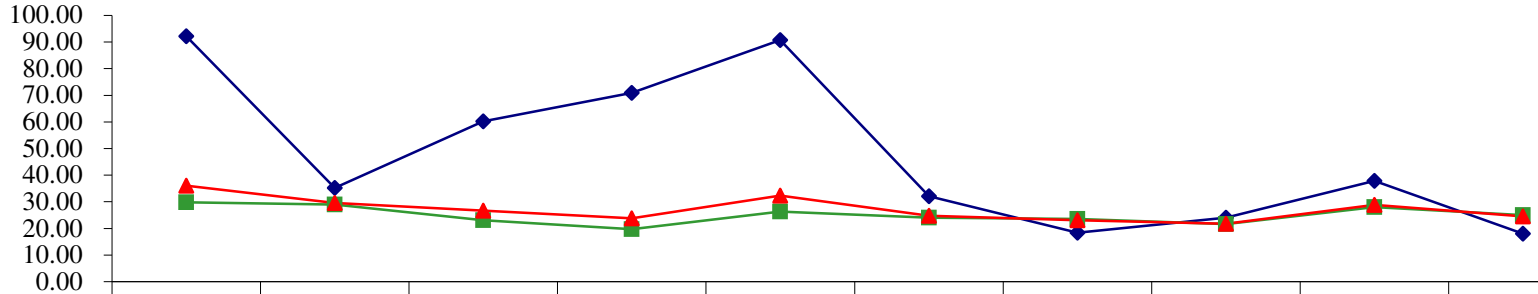
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	1.19	0.39	0.16	0.45	0.73	0.75	0.13	0.18	0.27	0.09
Adults	0.36	0.42	0.29	0.28	0.26	0.33	0.29	0.17	0.19	0.26
Total	0.45	0.42	0.28	0.30	0.31	0.37	0.27	0.17	0.20	0.24

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

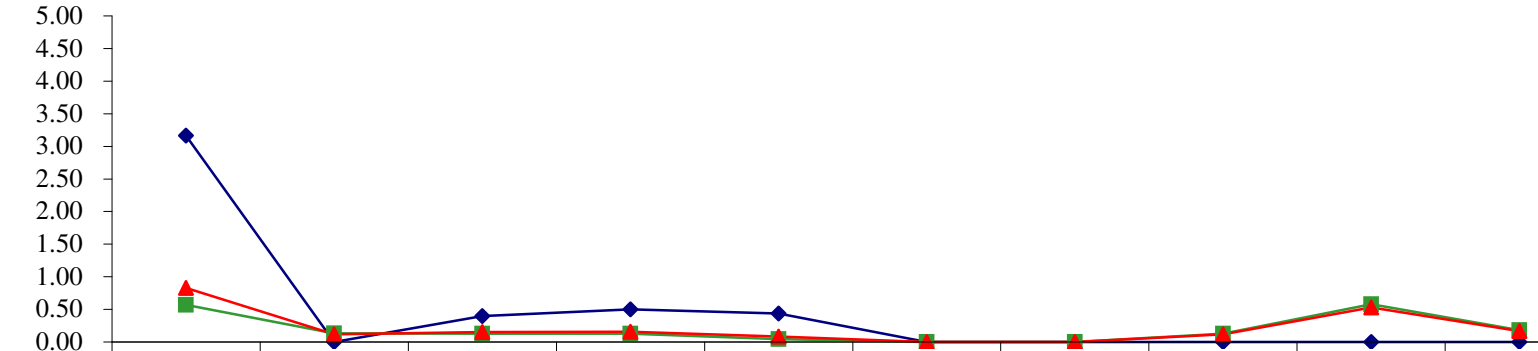
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	92.13	35.26	60.17	70.85	90.75	32.14	18.40	24.04	37.83	18.02
Adults	29.82	28.96	23.07	19.72	26.36	24.03	23.51	21.60	28.02	25.05
Total	36.05	29.52	26.69	23.75	32.37	24.75	23.07	21.77	28.81	24.46

Seclusion Incidents Per 1,000 Bed Days



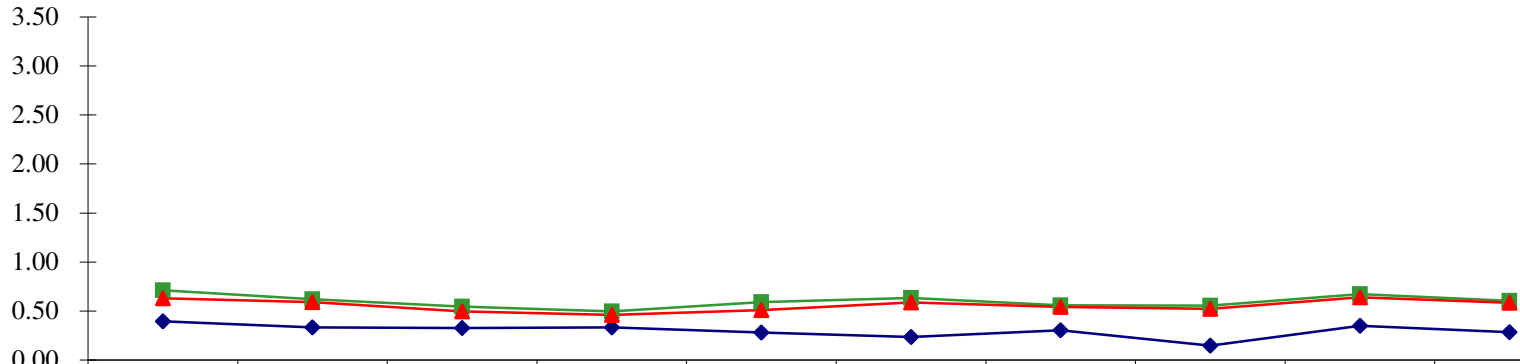
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	3.16	0.00	0.40	0.50	0.44	0.00	0.00	0.00	0.00	0.00
Adults	0.57	0.13	0.13	0.13	0.05	0.00	0.00	0.13	0.58	0.18
Total	0.83	0.12	0.15	0.16	0.08	0.00	0.00	0.12	0.53	0.17

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

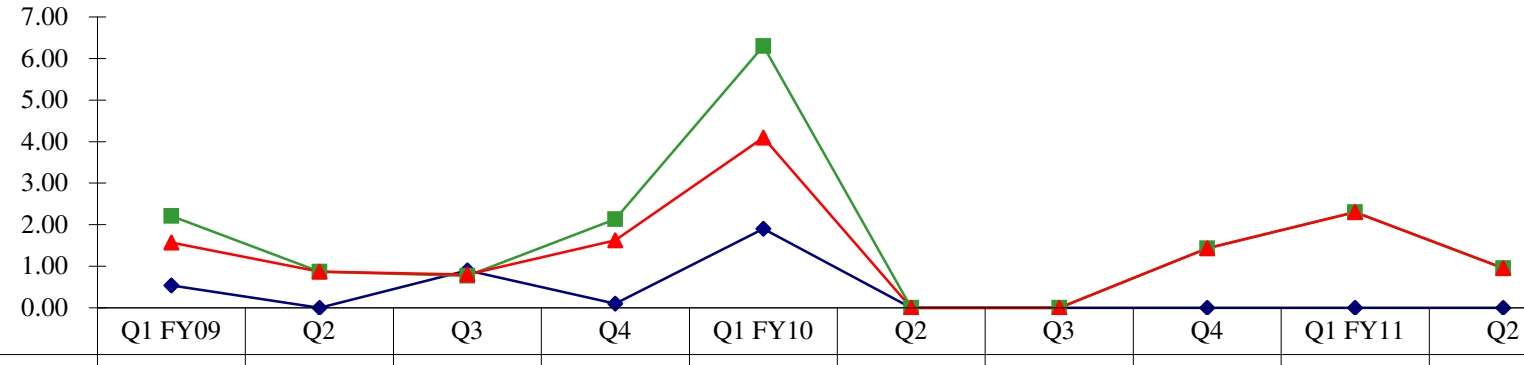
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.39	0.33	0.33	0.33	0.28	0.24	0.31	0.15	0.35	0.28
Adults	0.71	0.62	0.55	0.50	0.59	0.63	0.56	0.55	0.67	0.60
Total	0.63	0.59	0.50	0.46	0.51	0.59	0.54	0.52	0.64	0.58

Average Number of Hours Per Incident in Seclusion



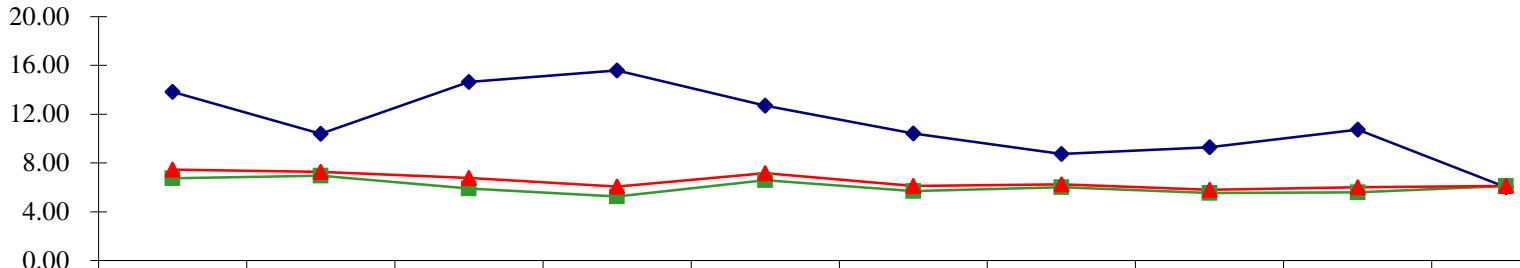
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.54	0.00	0.90	0.10	1.90	0.00	0.00	0.00	0.00	0.00
Adults	2.21	0.87	0.77	2.13	6.30	0.00	0.00	1.43	2.30	0.96
Total	1.57	0.87	0.80	1.63	4.10	0.00	0.00	1.43	2.30	0.96

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

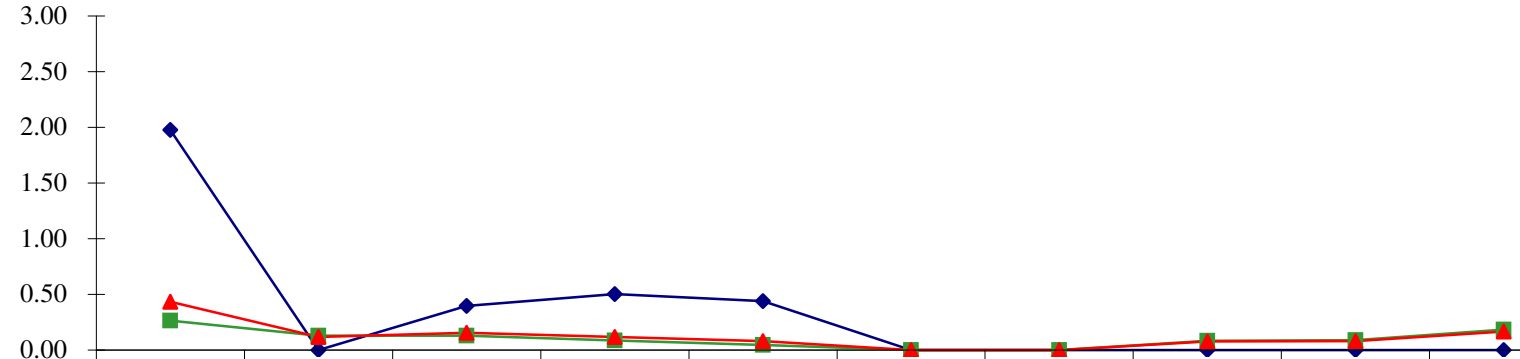
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	13.84	10.40	14.65	15.58	12.71	10.41	8.74	9.29	10.74	6.01
Adults	6.75	6.96	5.91	5.24	6.59	5.69	6.01	5.54	5.60	6.13
Total	7.46	7.26	6.76	6.06	7.16	6.11	6.24	5.81	6.01	6.12

Number of Persons in Seclusion/1000 Bed Days

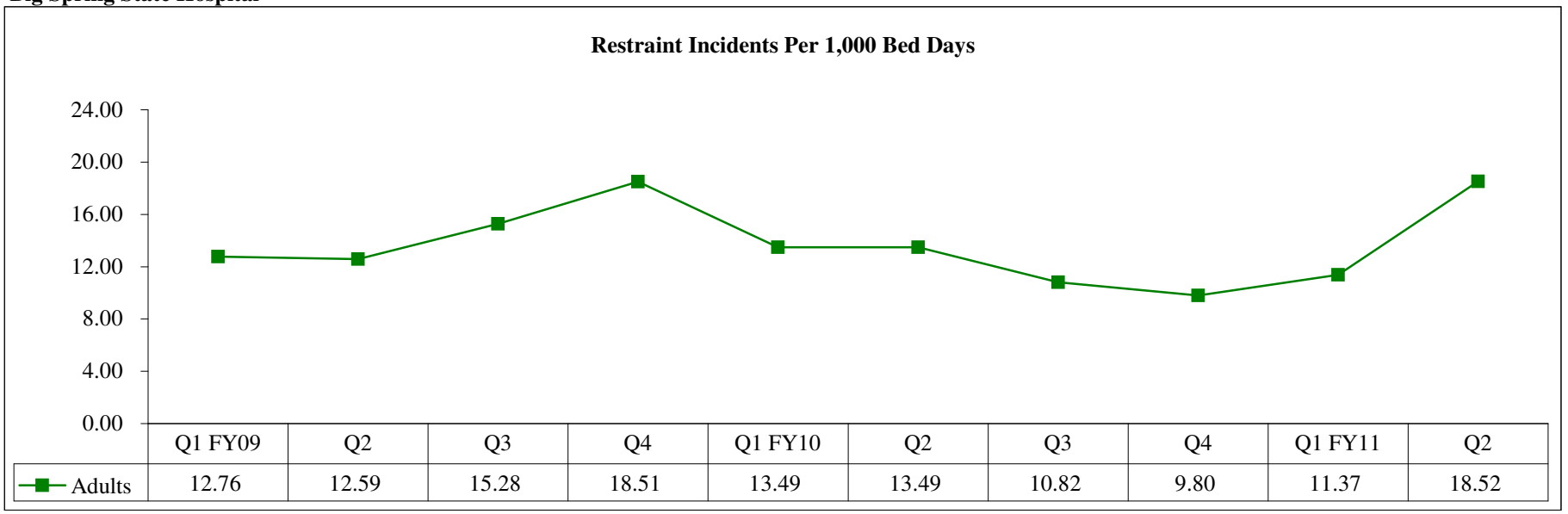


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	1.98	0.00	0.40	0.50	0.44	0.00	0.00	0.00	0.00	0.00
Adults	0.26	0.13	0.13	0.09	0.05	0.00	0.00	0.08	0.09	0.18
Total	0.43	0.12	0.15	0.12	0.08	0.00	0.00	0.08	0.08	0.17

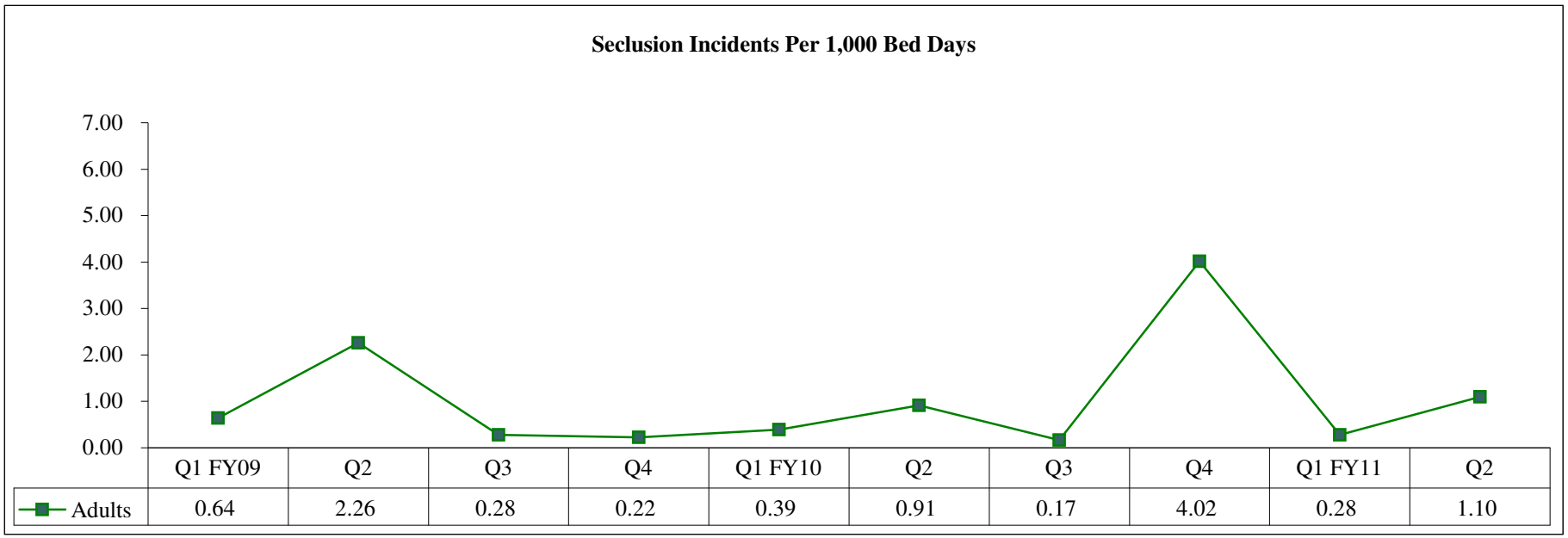
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	12.76	12.59	15.28	18.51	13.49	13.49	10.82	9.80	11.37	18.52



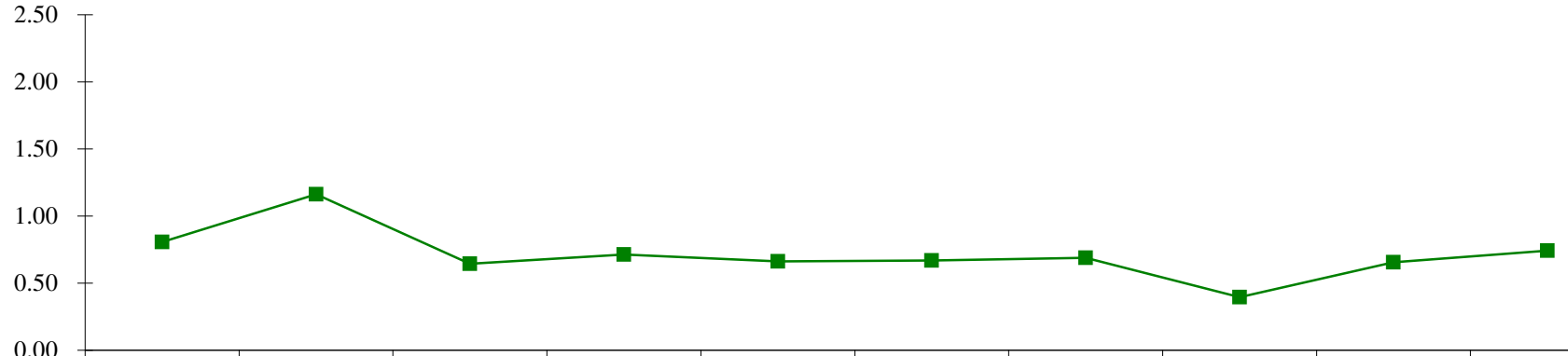
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.64	2.26	0.28	0.22	0.39	0.91	0.17	4.02	0.28	1.10

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

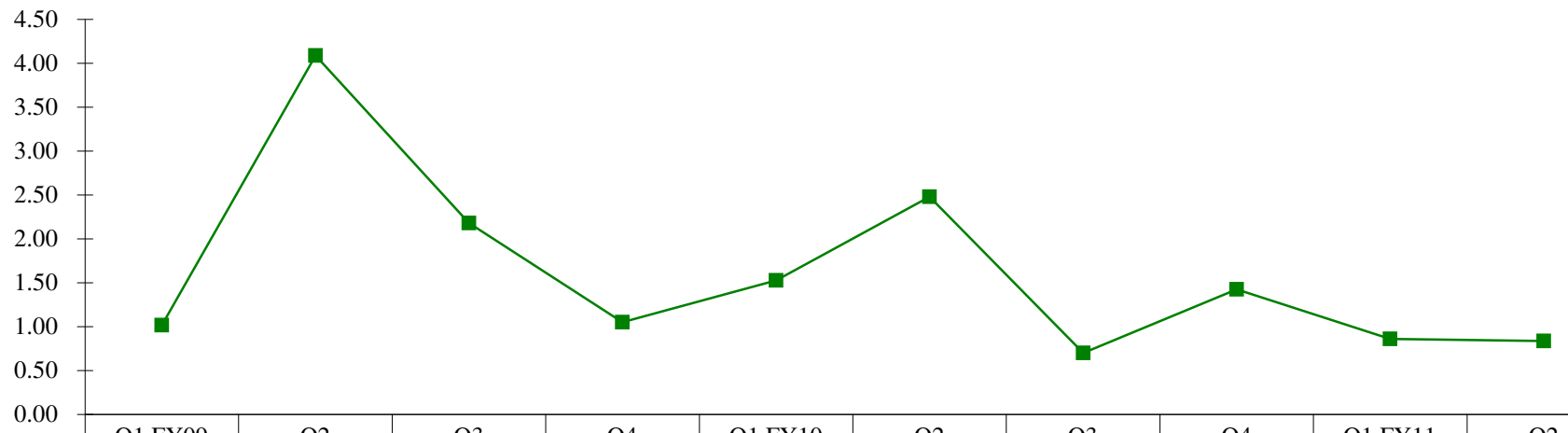
Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.81	1.16	0.64	0.71	0.66	0.67	0.69	0.40	0.66	0.74

Average Number of Hours Per Incident in Seclusion



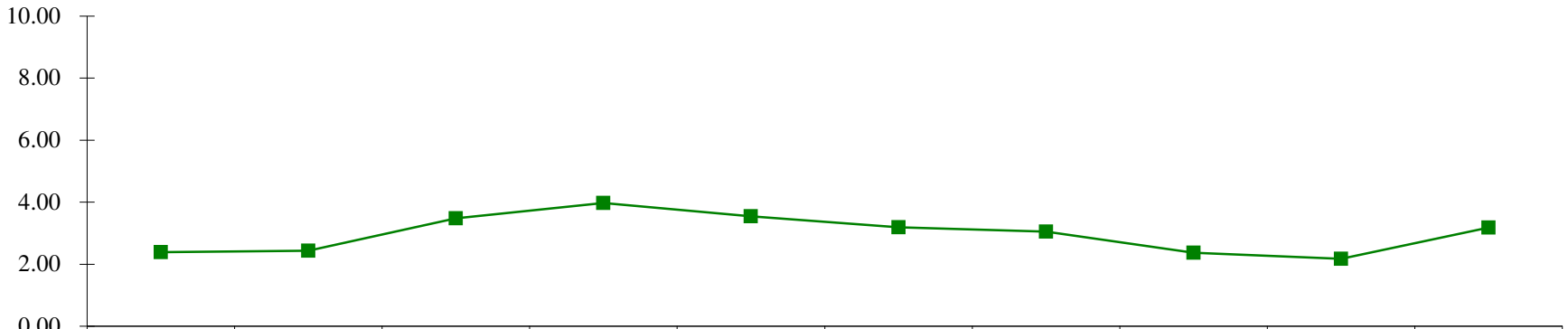
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	1.02	4.09	2.18	1.05	1.53	2.48	0.70	1.42	0.86	0.84

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

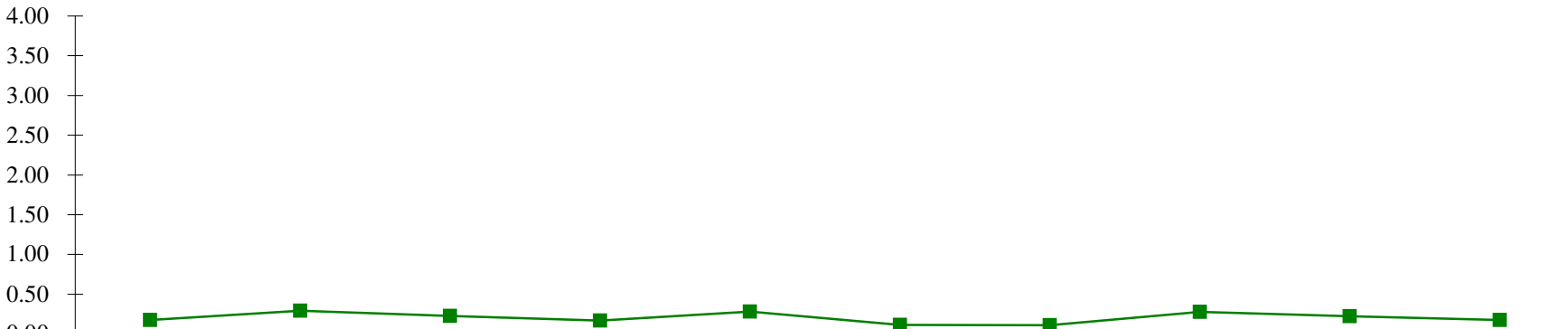
Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	2.39	2.44	3.48	3.97	3.54	3.19	3.05	2.37	2.17	3.18

Number of Persons in Seclusion/1000 Bed Days



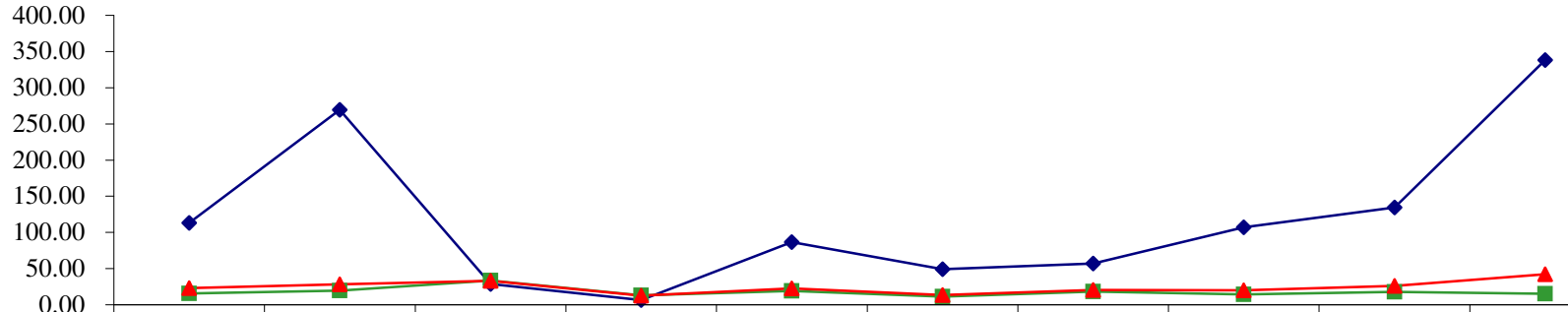
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.17	0.29	0.22	0.17	0.28	0.11	0.11	0.28	0.22	0.17

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

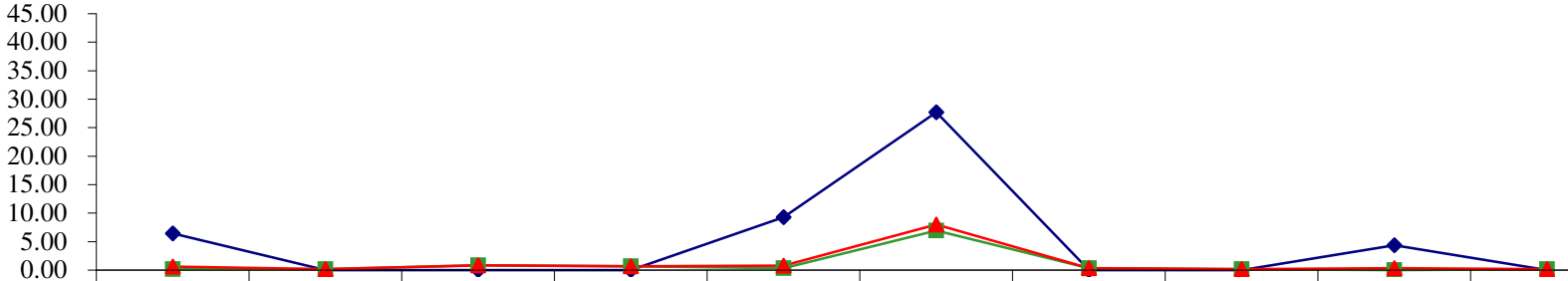
Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Restraint Incidents Per 1,000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	113.25	269.61	28.78	6.37	86.69	49.23	56.85	106.97	134.49	338.35
Adults	15.73	19.57	33.36	12.98	19.19	11.48	18.20	14.26	17.81	15.17
Total	22.88	28.17	33.15	12.81	22.70	13.44	20.53	19.93	26.12	42.04

Seclusion Incidents Per 1,000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	6.41	0.00	0.00	0.00	9.29	27.69	0.00	0.00	4.34	0.00
Adults	0.17	0.17	0.86	0.68	0.34	6.92	0.33	0.16	0.00	0.17
Total	0.63	0.17	0.82	0.67	0.81	8.00	0.31	0.15	0.31	0.16

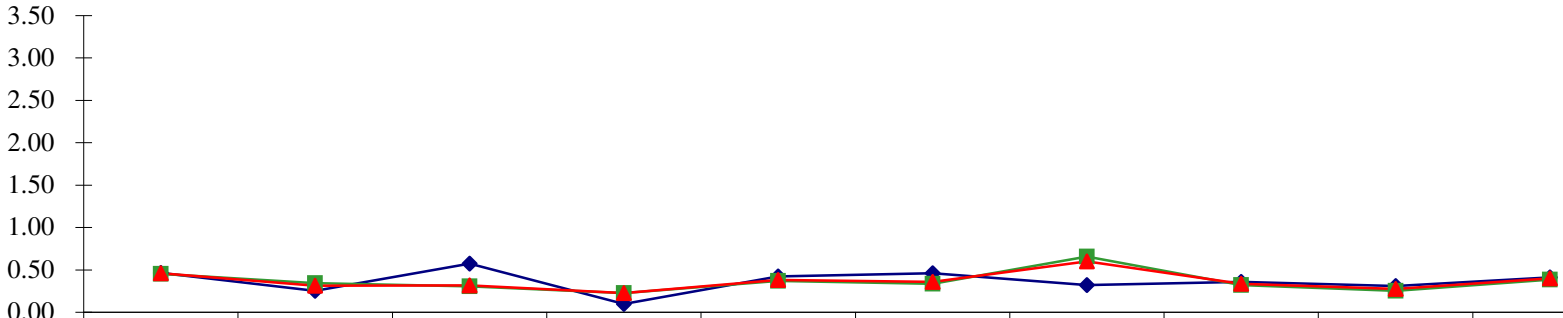
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data

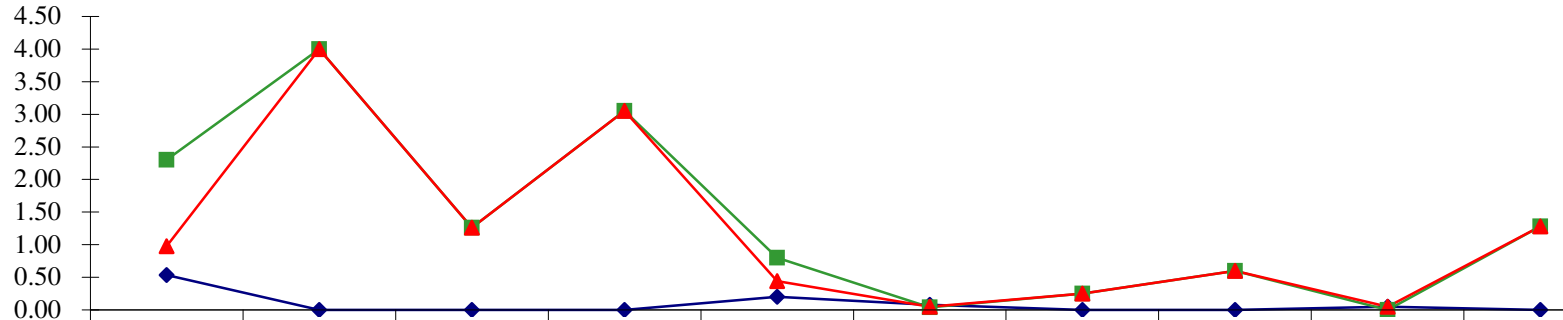
El Paso Psychiatric Center

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.47	0.25	0.58	0.10	0.42	0.46	0.32	0.36	0.31	0.41
Adults	0.45	0.34	0.31	0.23	0.37	0.34	0.66	0.32	0.25	0.39
Total	0.46	0.31	0.32	0.23	0.38	0.36	0.60	0.33	0.27	0.40

Average Number of Hours Per Incident in Seclusion



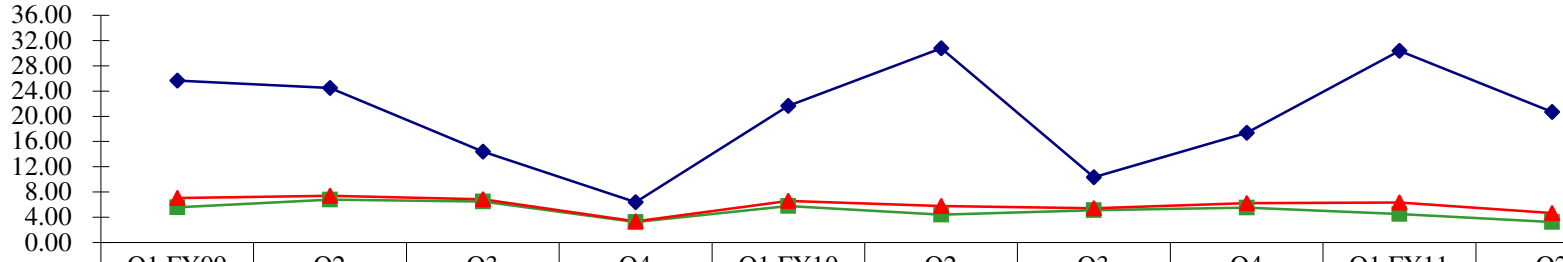
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.53	0.00	0.00	0.00	0.20	0.08	0.00	0.00	0.05	0.00
Adults	2.30	4.00	1.26	3.05	0.80	0.04	0.25	0.60	0.00	1.28
Total	0.98	4.00	1.26	3.05	0.44	0.05	0.25	0.60	0.05	1.28

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

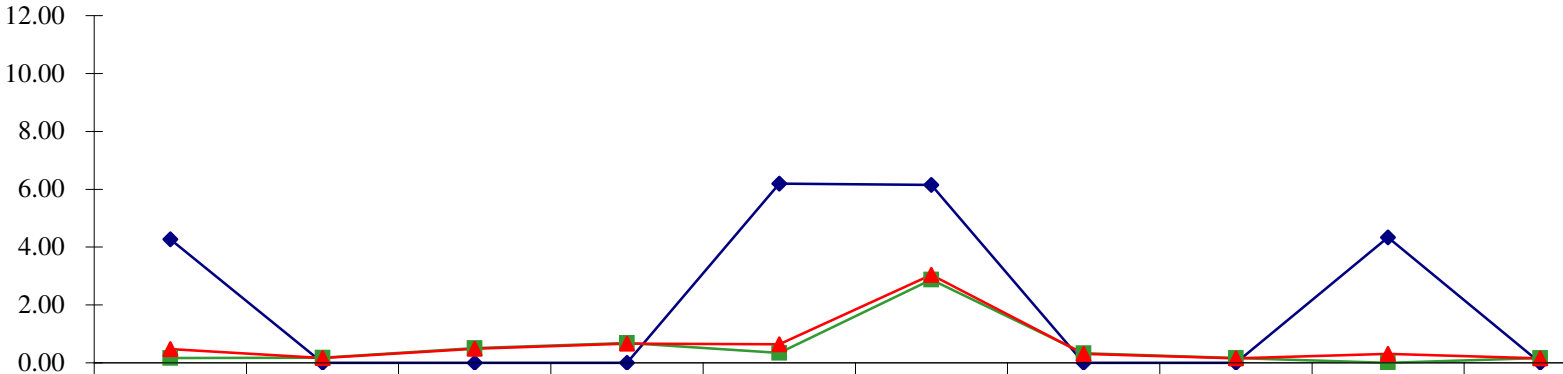
Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	25.64	24.51	14.39	6.37	21.67	30.77	10.34	17.41	30.37	20.68
Adults	5.58	6.81	6.50	3.25	5.77	4.39	5.13	5.51	4.49	3.24
Total	7.05	7.42	6.86	3.33	6.60	5.76	5.44	6.24	6.34	4.69

Number of Persons in Seclusion/1000 Bed Days



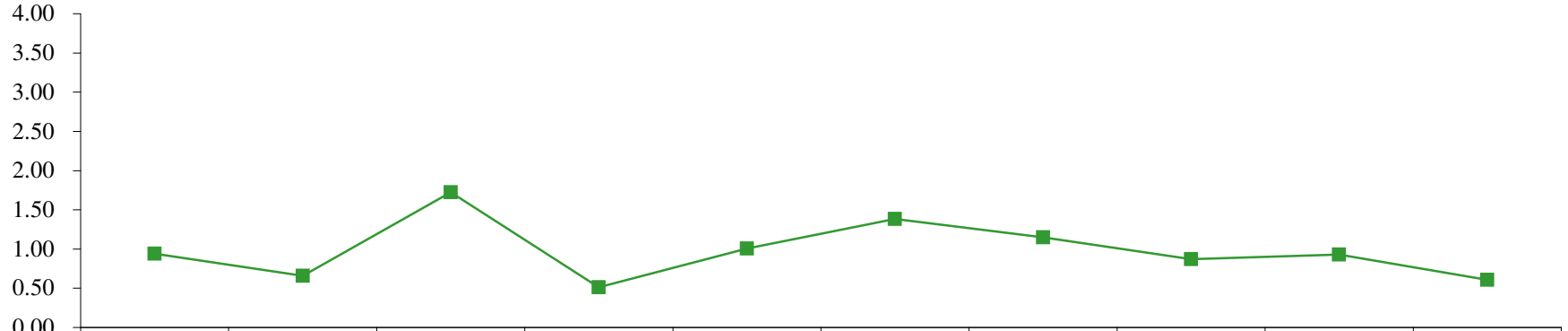
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	4.27	0.00	0.00	0.00	6.19	6.15	0.00	0.00	4.34	0.00
Adults	0.17	0.17	0.51	0.68	0.34	2.87	0.33	0.16	0.00	0.17
Total	0.47	0.17	0.49	0.67	0.64	3.04	0.31	0.15	0.31	0.16

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

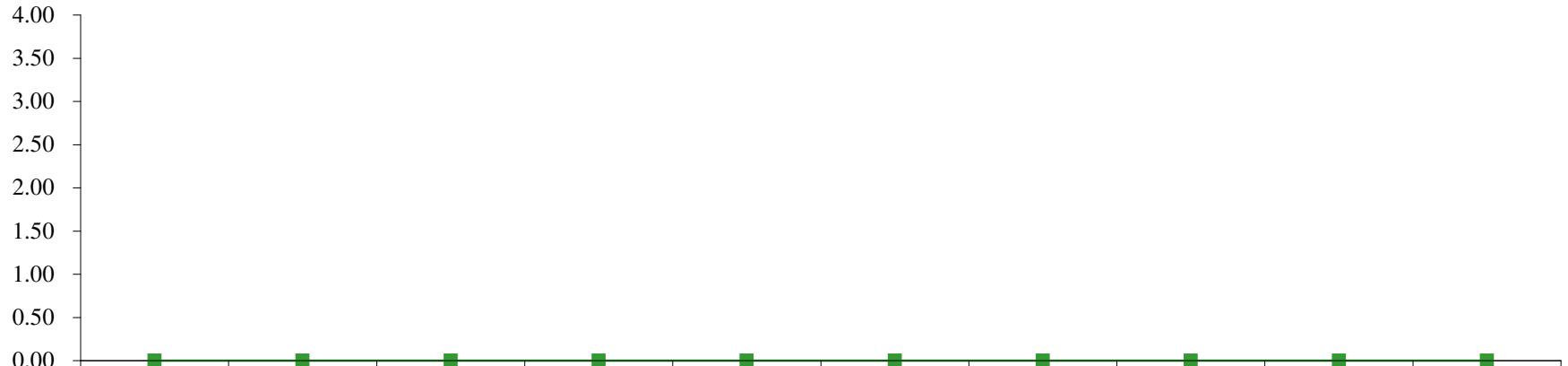
Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.94	0.66	1.72	0.51	1.01	1.38	1.15	0.87	0.93	0.61

Seclusion Incidents Per 1,000 Bed Days



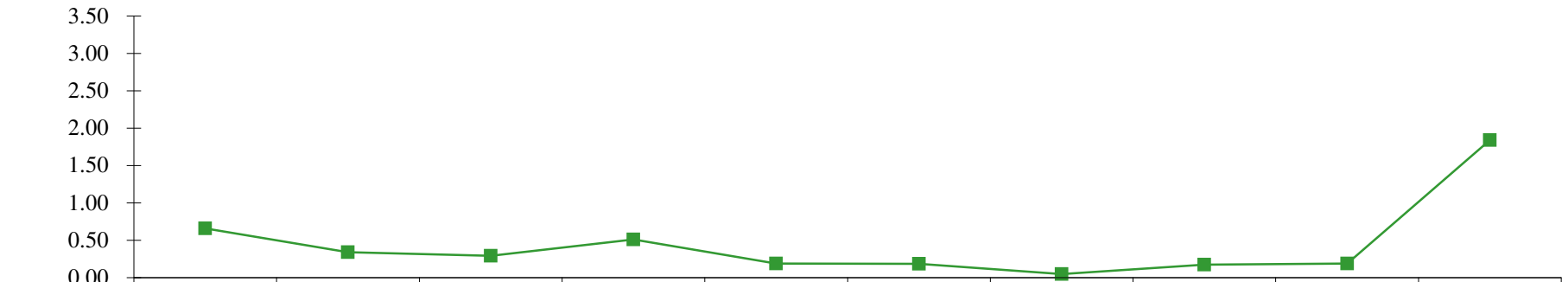
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

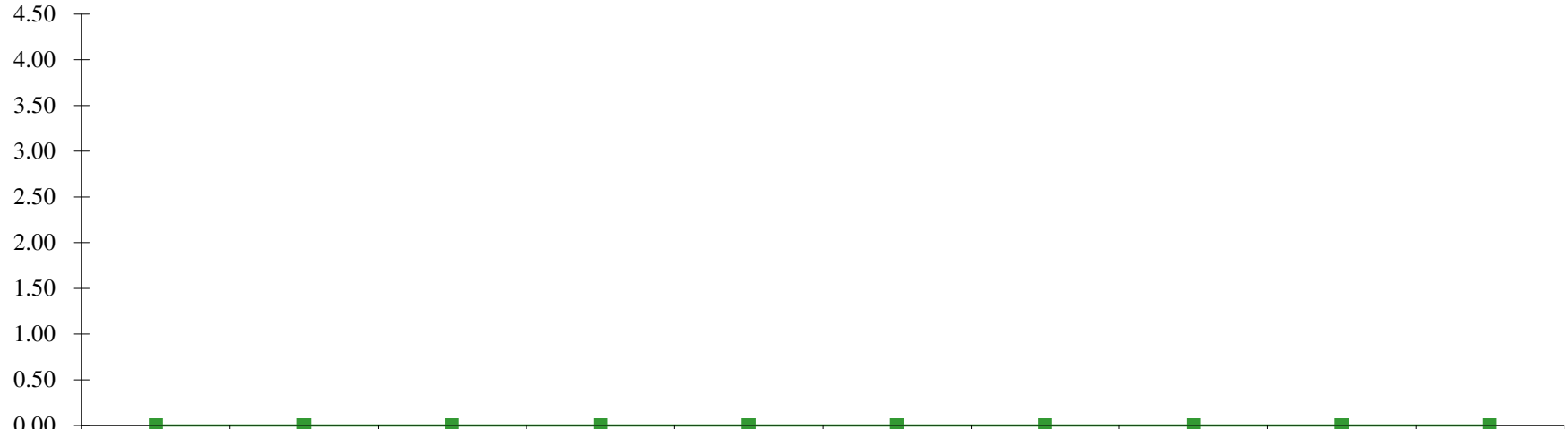
Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.66	0.34	0.29	0.51	0.19	0.18	0.05	0.18	0.19	1.84

Average Number of Hours Per Incident in Seclusion



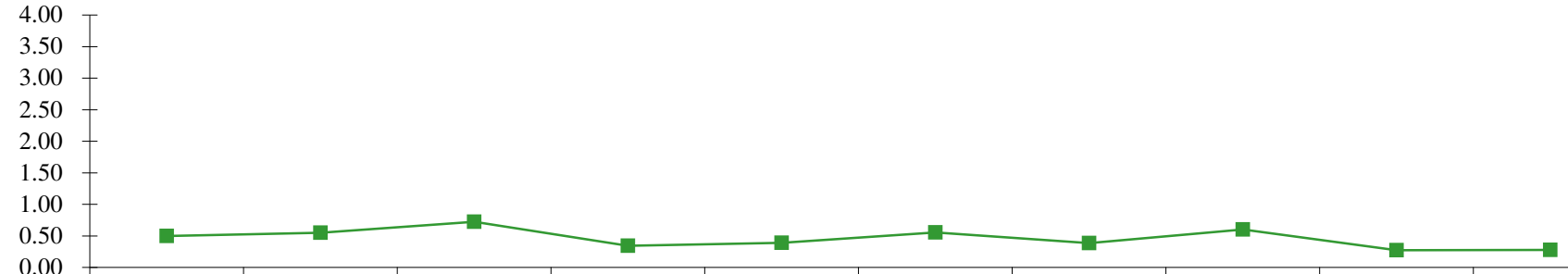
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

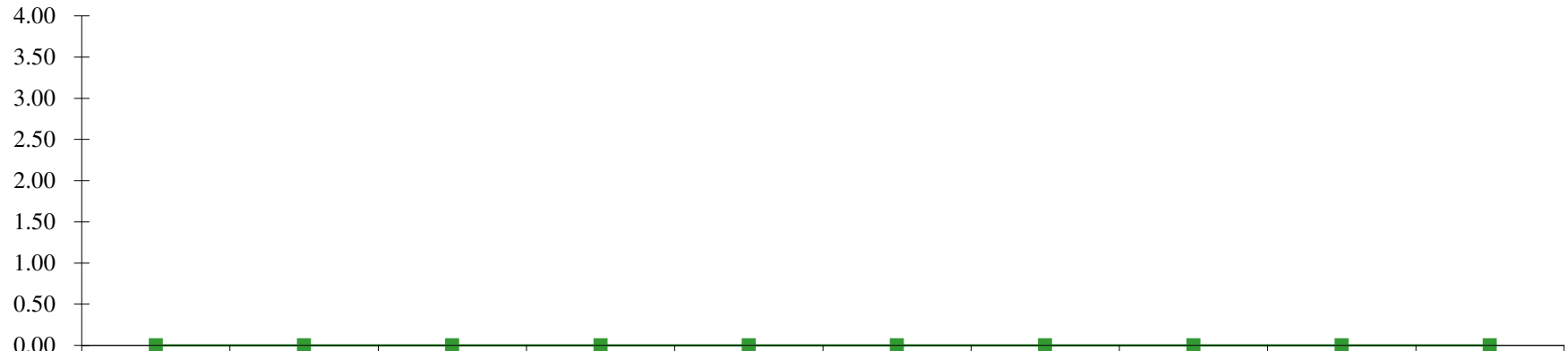
Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.50	0.55	0.72	0.34	0.39	0.55	0.38	0.60	0.27	0.28

Number of Persons in Seclusion/1000 Bed Days



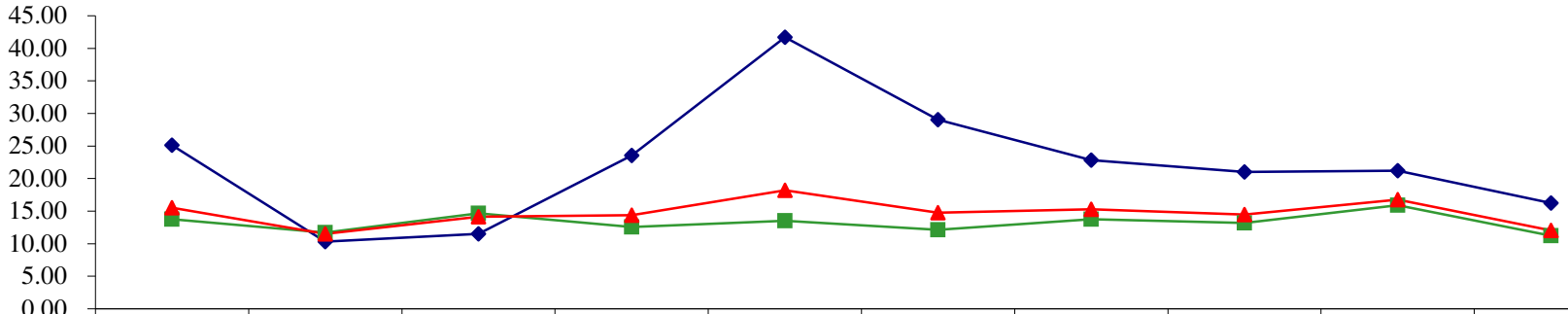
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

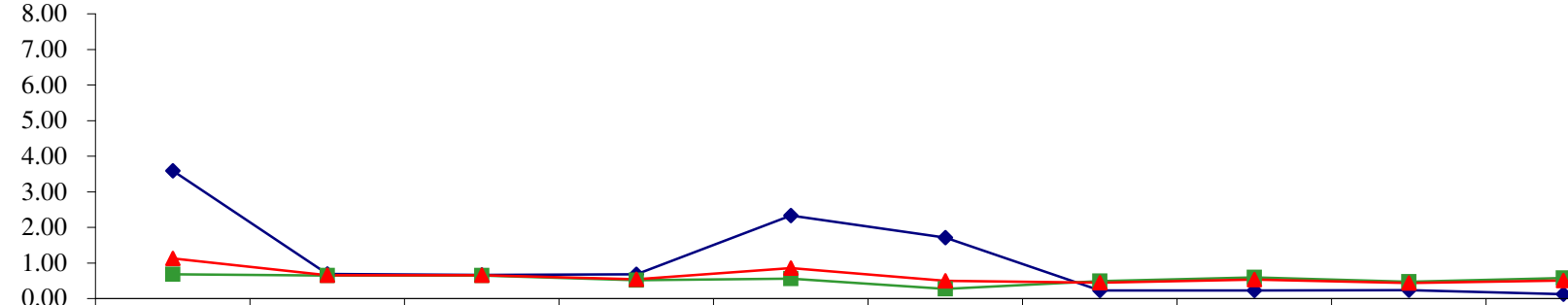
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	25.11	10.32	11.53	23.53	41.71	29.03	22.85	21.03	21.21	16.26
Adults	13.77	11.70	14.68	12.57	13.50	12.13	13.78	13.20	15.92	11.23
Total	15.53	11.50	14.15	14.39	18.20	14.76	15.27	14.49	16.77	12.03

Seclusion Incidents Per 1,000 Bed Days



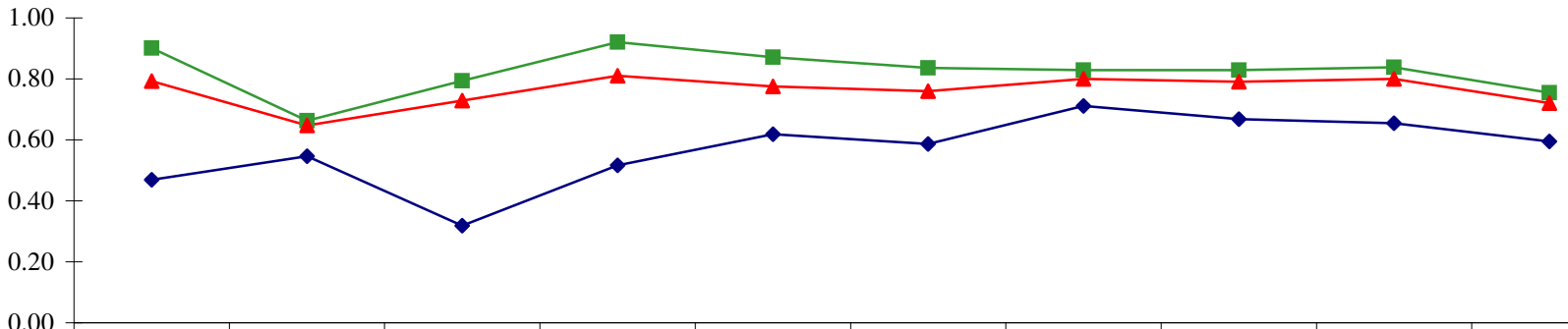
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	3.59	0.69	0.67	0.68	2.34	1.71	0.22	0.22	0.24	0.12
Adults	0.68	0.65	0.65	0.52	0.56	0.27	0.49	0.59	0.47	0.58
Total	1.13	0.65	0.65	0.54	0.85	0.50	0.44	0.53	0.44	0.50

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

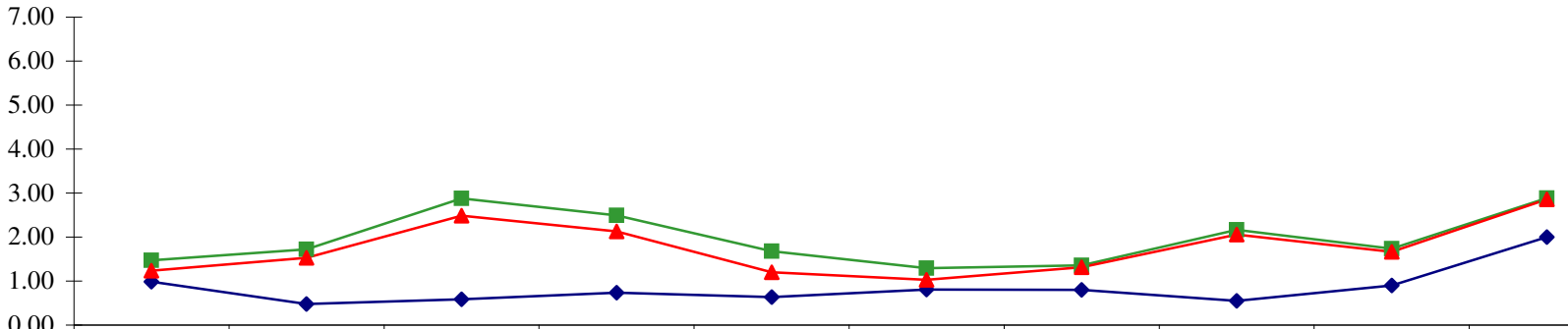
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.47	0.55	0.32	0.52	0.62	0.59	0.71	0.67	0.65	0.60
Adults	0.90	0.66	0.79	0.92	0.87	0.84	0.83	0.83	0.84	0.75
Total	0.79	0.65	0.73	0.81	0.78	0.76	0.80	0.79	0.80	0.72

Average Number of Hours Per Incident in Seclusion



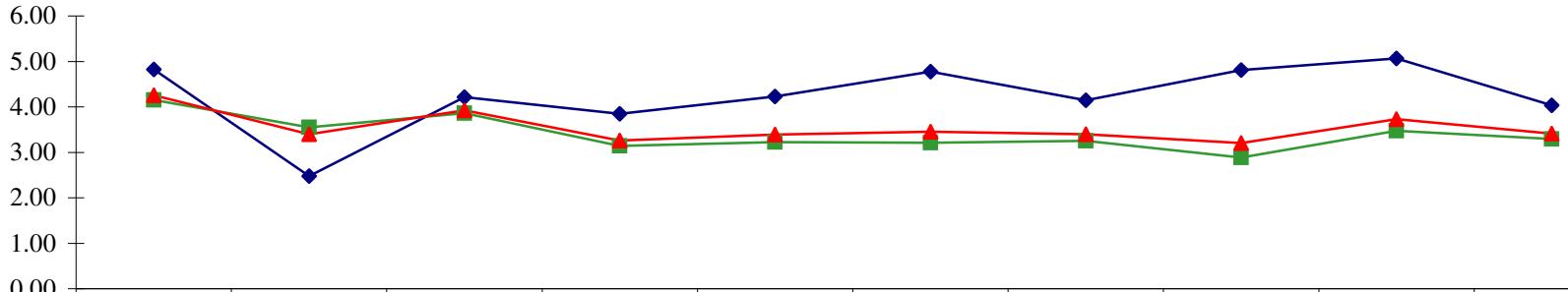
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.99	0.48	0.58	0.73	0.63	0.81	0.80	0.55	0.90	2.00
Adults	1.47	1.72	2.88	2.50	1.68	1.29	1.36	2.17	1.74	2.89
Total	1.23	1.53	2.48	2.13	1.20	1.03	1.31	2.06	1.67	2.85

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

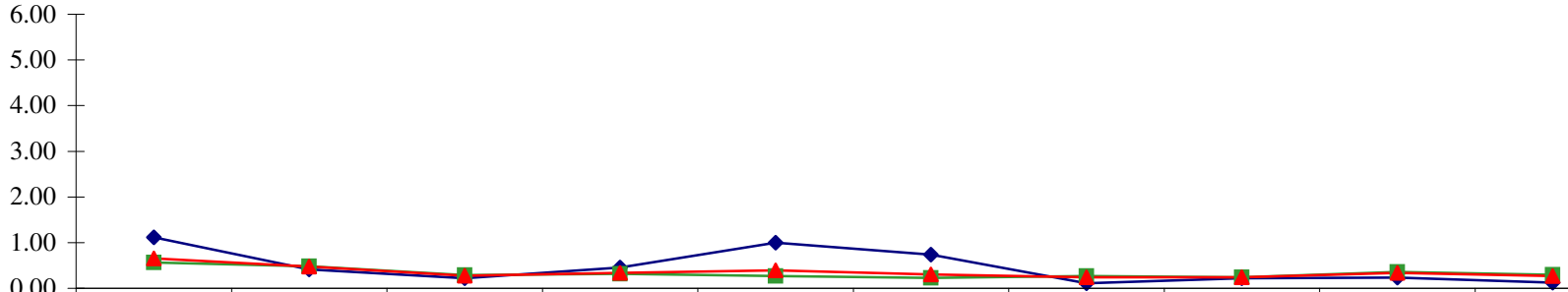
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	4.82	2.48	4.21	3.85	4.23	4.78	4.14	4.81	5.07	4.03
Adults	4.15	3.55	3.86	3.14	3.23	3.21	3.25	2.89	3.47	3.29
Total	4.26	3.40	3.92	3.26	3.39	3.45	3.40	3.20	3.73	3.41

Number of Persons in Seclusion/1000 Bed Days

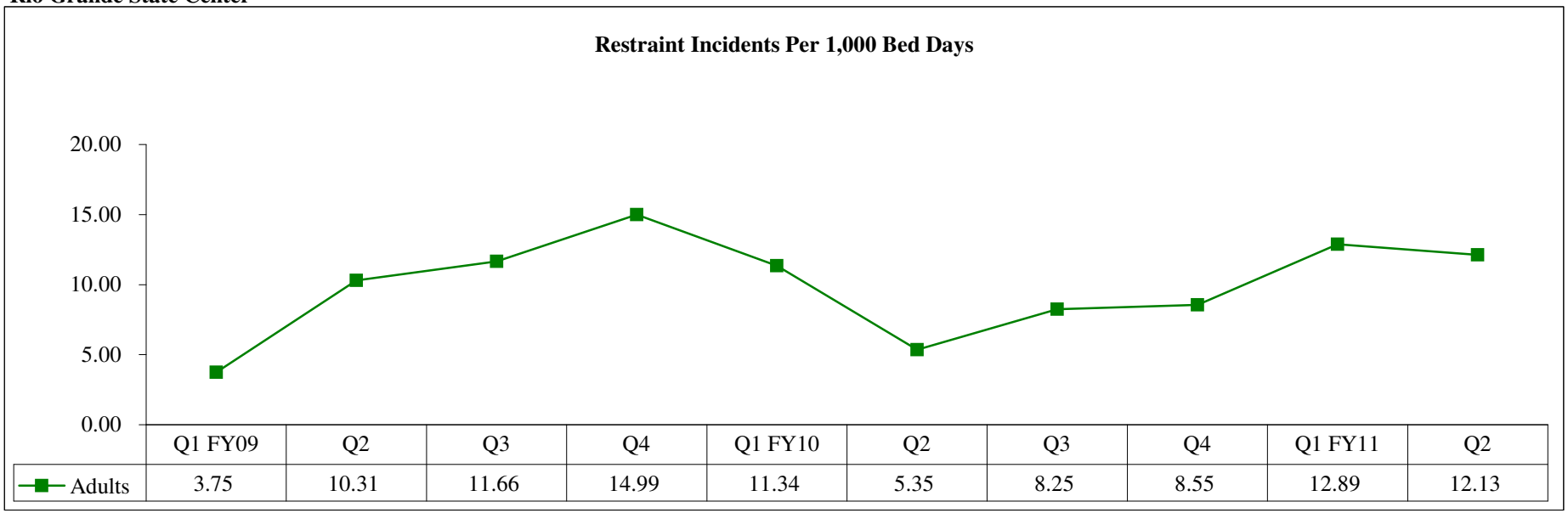


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	1.11	0.41	0.22	0.45	1.00	0.73	0.11	0.22	0.24	0.12
Adults	0.57	0.48	0.29	0.31	0.27	0.23	0.27	0.24	0.36	0.30
Total	0.65	0.47	0.28	0.34	0.39	0.31	0.24	0.24	0.34	0.27

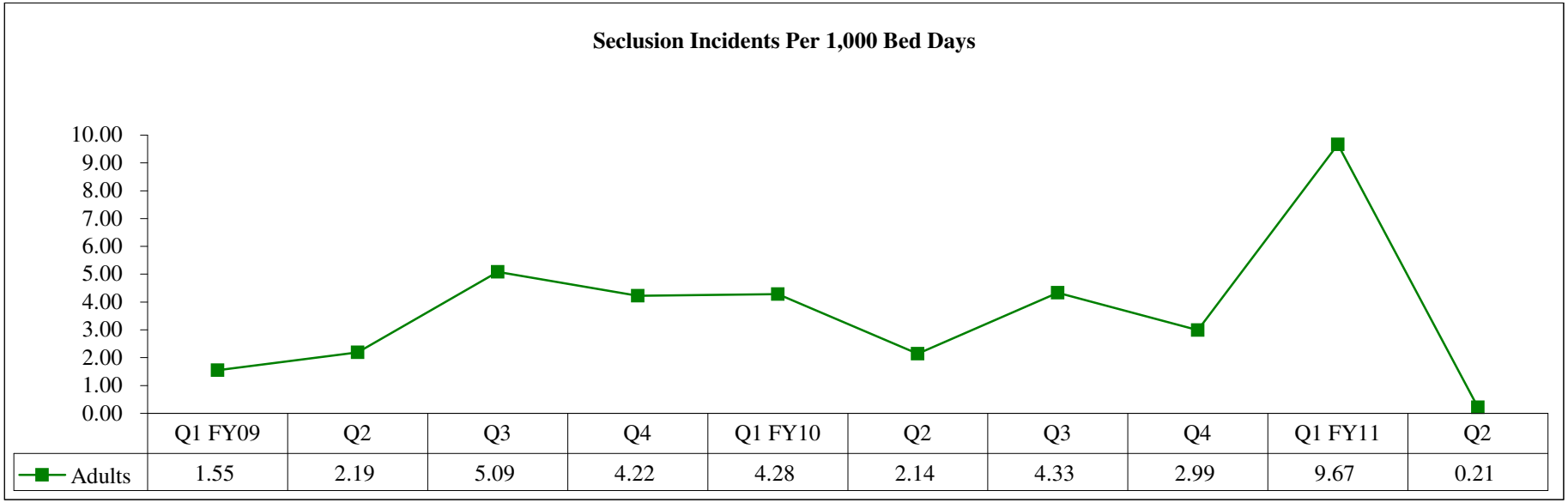
Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	3.75	10.31	11.66	14.99	11.34	5.35	8.25	8.55	12.89	12.13

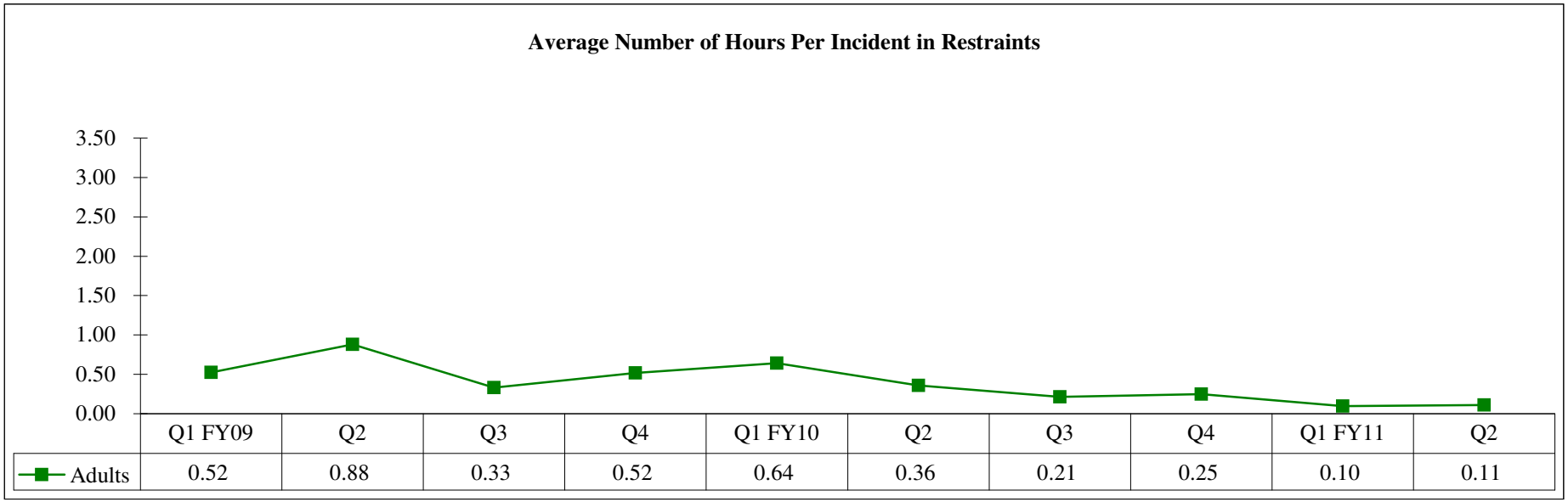


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	1.55	2.19	5.09	4.22	4.28	2.14	4.33	2.99	9.67	0.21

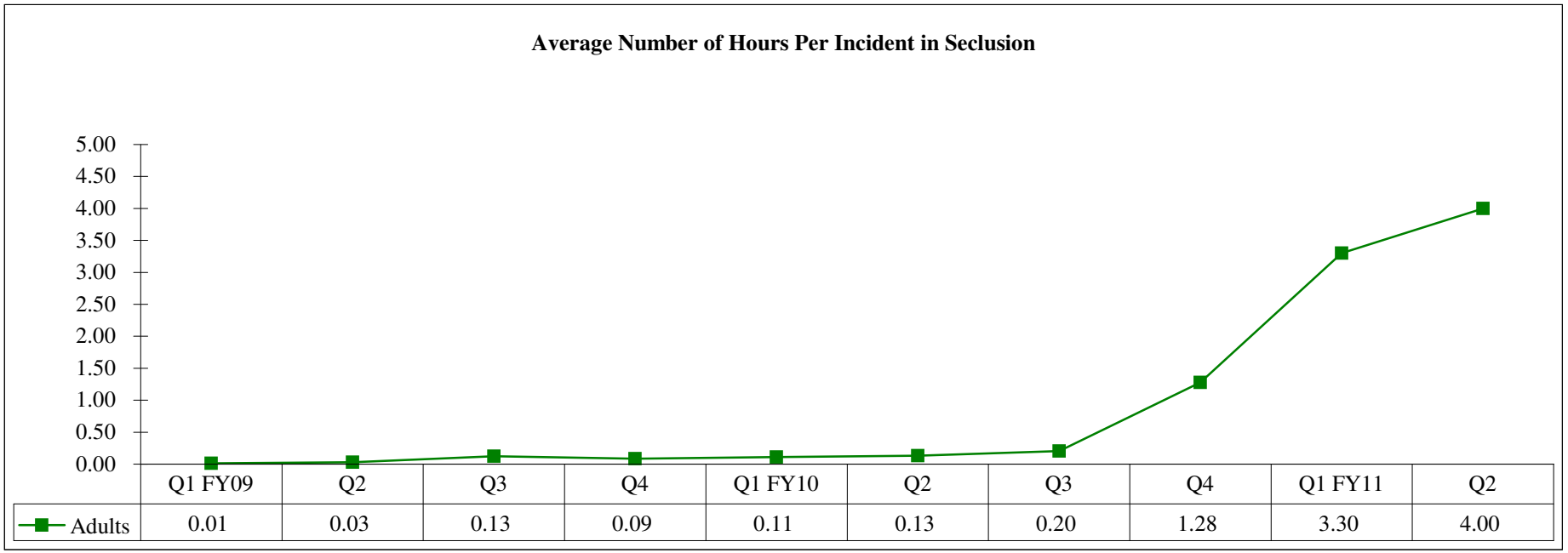
Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.52	0.88	0.33	0.52	0.64	0.36	0.21	0.25	0.10	0.11



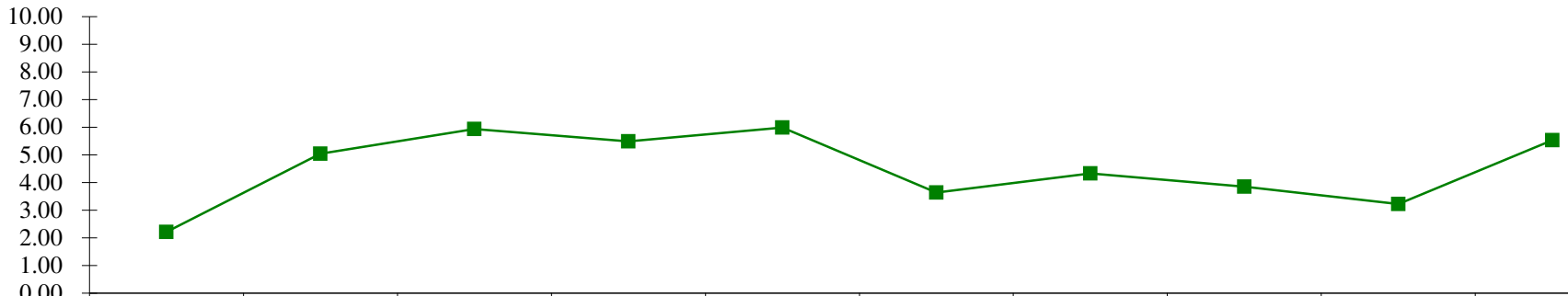
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.01	0.03	0.13	0.09	0.11	0.13	0.20	1.28	3.30	4.00

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

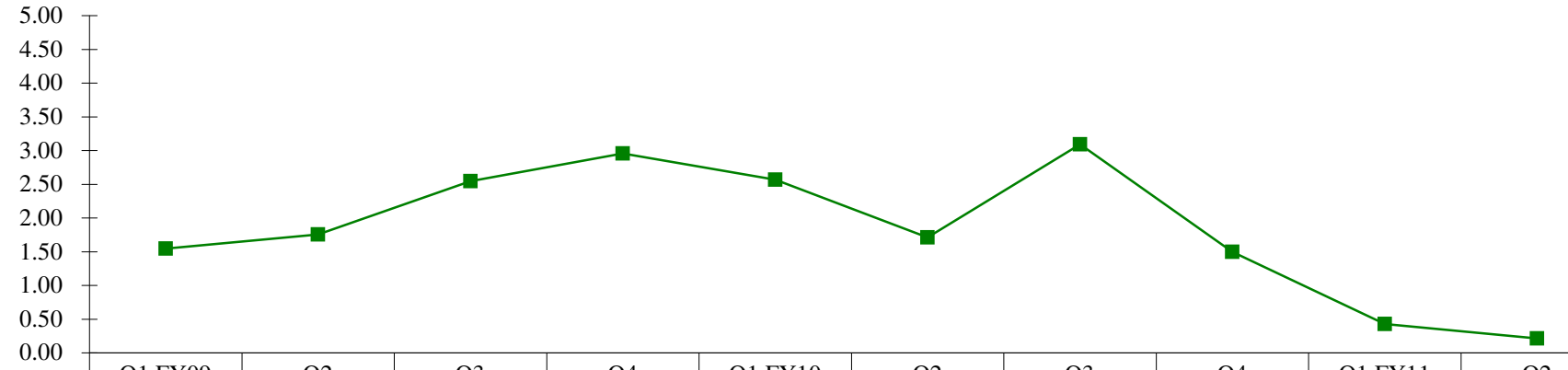
Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	2.21	5.04	5.94	5.49	5.99	3.64	4.33	3.85	3.22	5.53

Number of Persons in Seclusion/1000 Bed Days

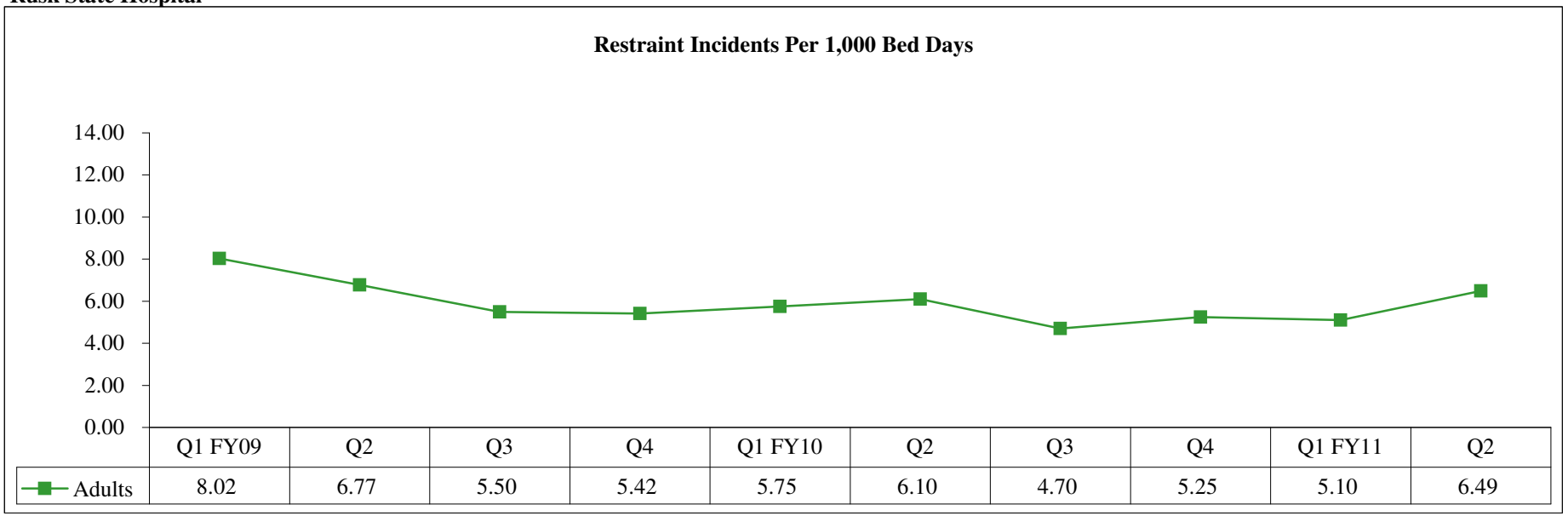


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	1.55	1.75	2.54	2.96	2.57	1.71	3.09	1.50	0.43	0.21

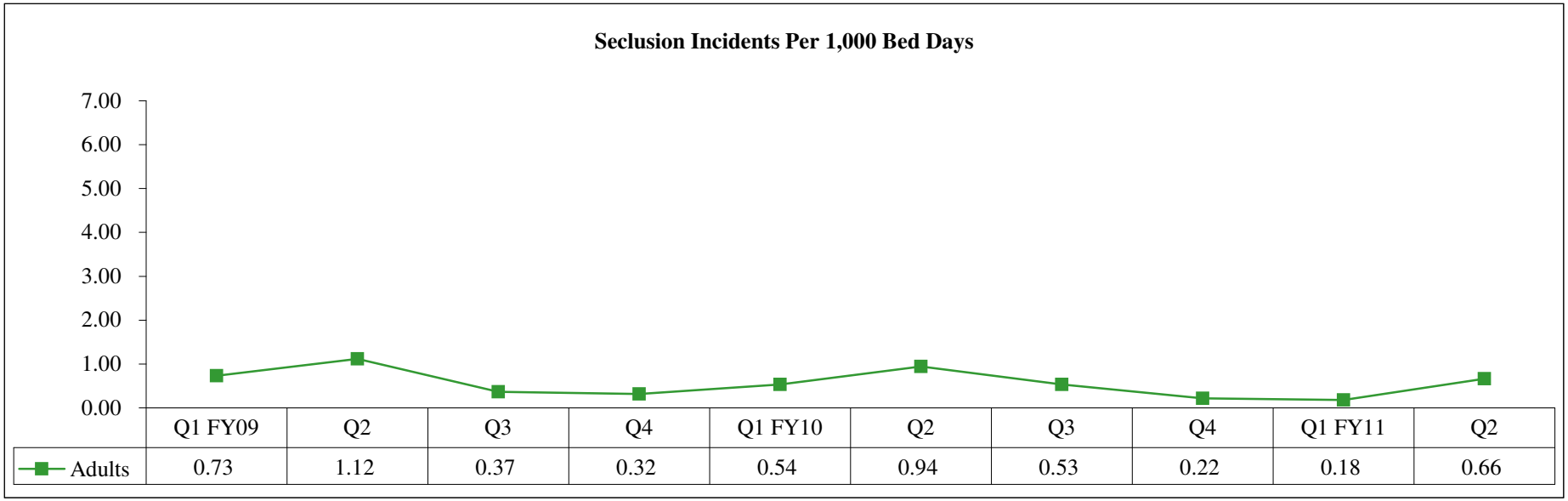
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	8.02	6.77	5.50	5.42	5.75	6.10	4.70	5.25	5.10	6.49



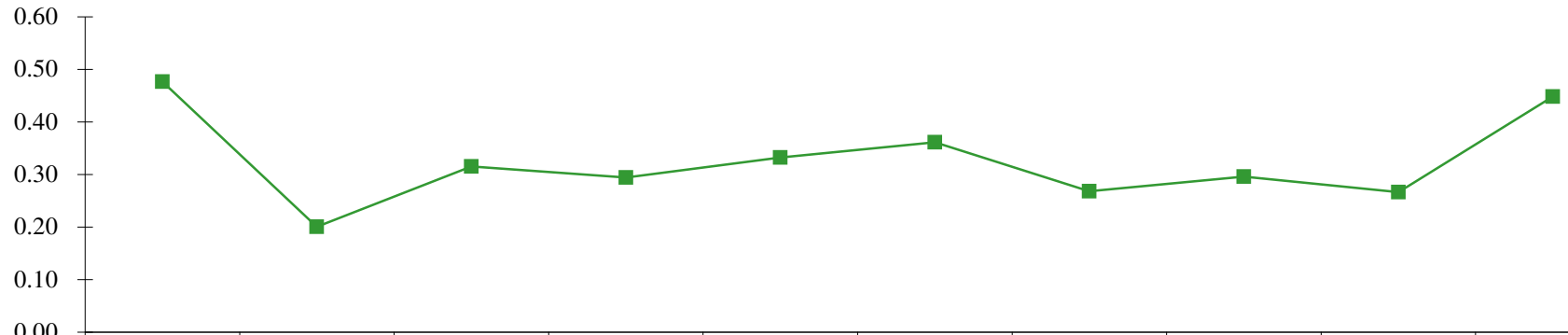
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.73	1.12	0.37	0.32	0.54	0.94	0.53	0.22	0.18	0.66

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.48	0.20	0.32	0.29	0.33	0.36	0.27	0.30	0.27	0.45

Average Number of Hours Per Incident in Seclusion

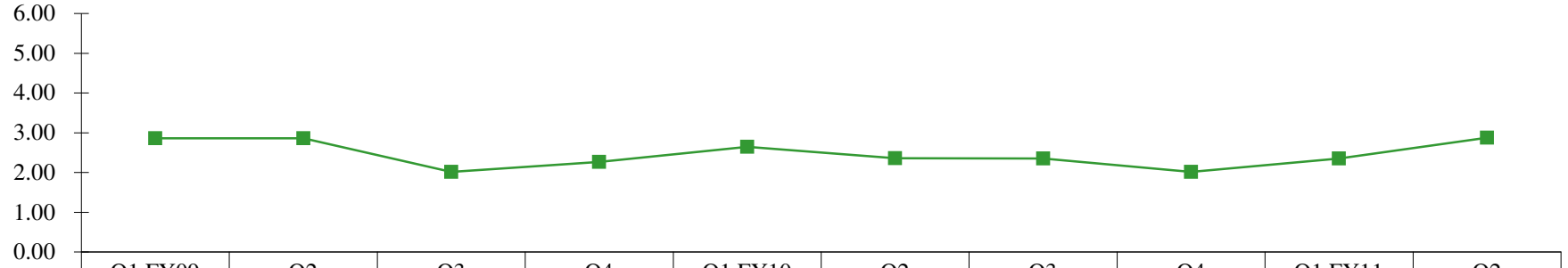
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	1.17	1.52	1.70	1.50	1.19	1.69	1.36	1.18	1.34	1.80

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	2.86	2.86	2.01	2.27	2.64	2.36	2.35	2.01	2.35	2.88

Number of Persons in Seclusion/1000 Bed Days

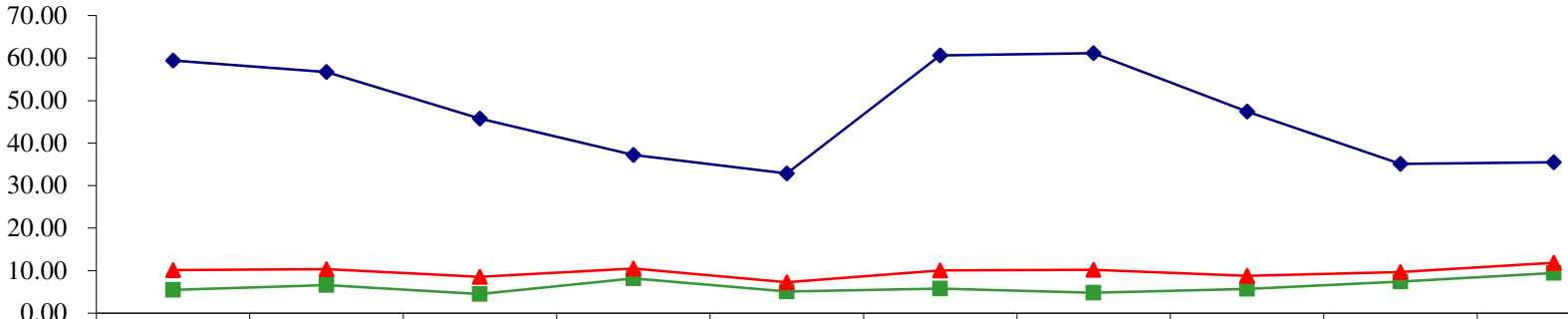
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Adults	0.52	0.84	0.27	0.32	0.32	0.65	0.46	0.14	0.18	0.59

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

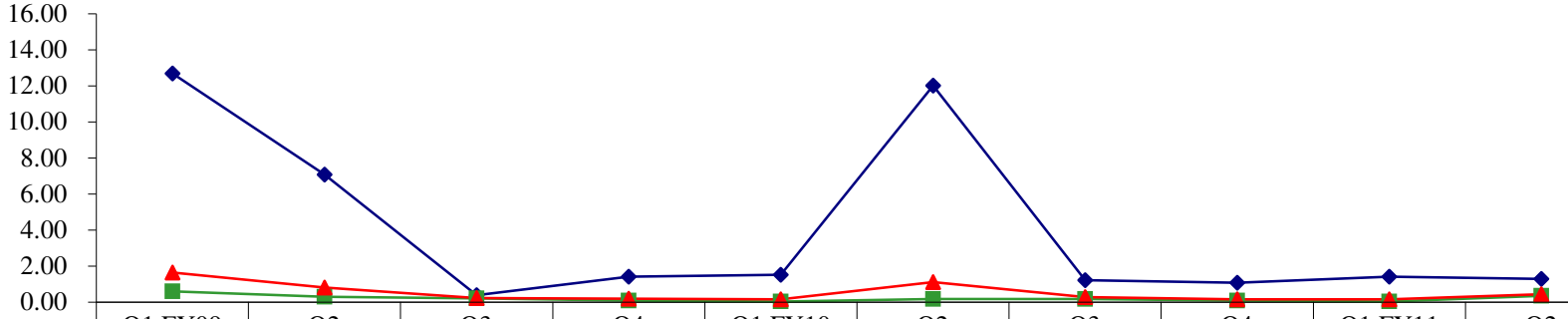
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	59.41	56.71	45.75	37.19	32.89	60.61	61.12	47.41	35.09	35.45
Adults	5.49	6.61	4.47	8.16	5.07	5.75	4.82	5.68	7.39	9.45
Total	10.15	10.33	8.52	10.52	7.26	10.09	10.24	8.76	9.69	11.89

Seclusion Incidents Per 1,000 Bed Days



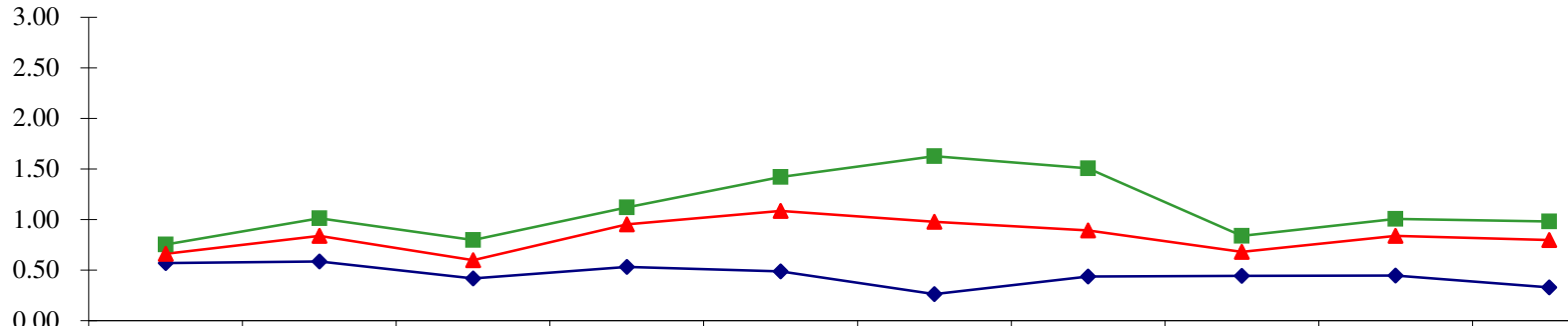
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	12.70	7.09	0.39	1.41	1.52	12.02	1.22	1.08	1.42	1.30
Adults	0.60	0.31	0.21	0.08	0.04	0.18	0.17	0.09	0.04	0.36
Total	1.65	0.81	0.23	0.19	0.16	1.12	0.27	0.16	0.16	0.45

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

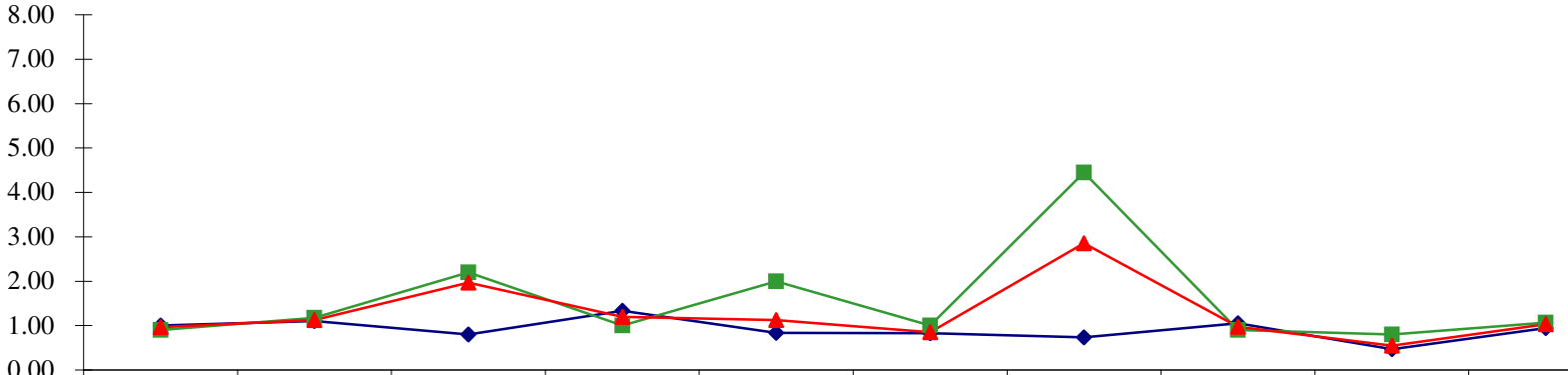
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.57	0.59	0.42	0.53	0.49	0.26	0.44	0.44	0.45	0.33
Adults	0.75	1.01	0.80	1.12	1.42	1.63	1.51	0.84	1.01	0.98
Total	0.66	0.84	0.60	0.95	1.09	0.98	0.89	0.68	0.84	0.80

Average Number of Hours Per Incident in Seclusion



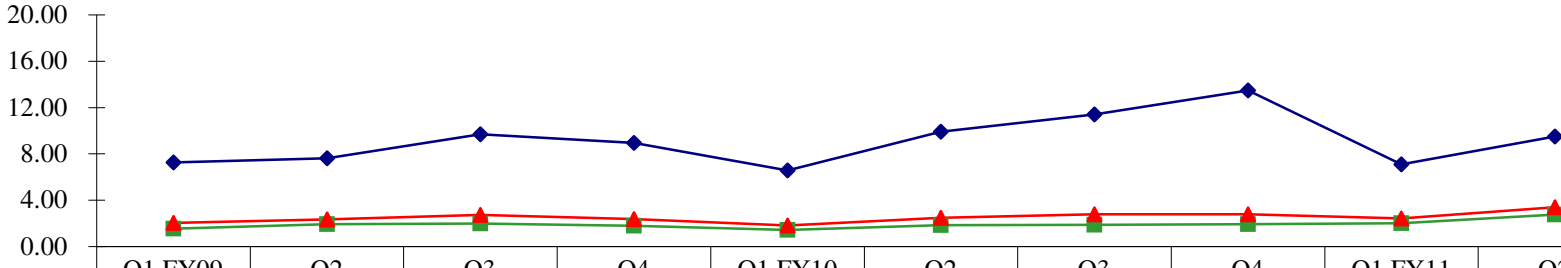
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	1.00	1.10	0.80	1.33	0.83	0.83	0.73	1.05	0.47	0.94
Adults	0.90	1.17	2.20	1.00	2.00	1.00	4.45	0.90	0.80	1.07
Total	0.97	1.13	1.97	1.20	1.13	0.85	2.86	0.98	0.55	1.03

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

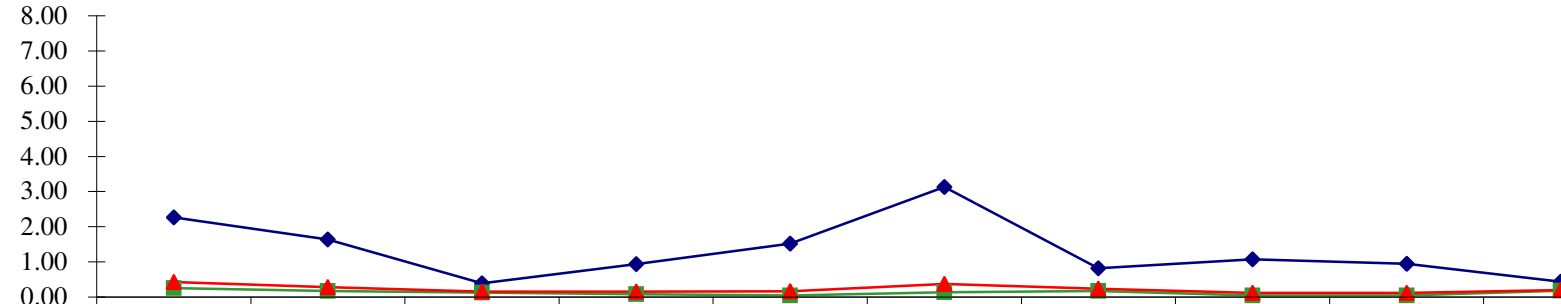
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	7.26	7.63	9.69	8.95	6.58	9.93	11.41	13.47	7.11	9.51
Adults	1.54	1.93	1.98	1.79	1.43	1.84	1.87	1.93	2.02	2.78
Total	2.04	2.35	2.74	2.37	1.84	2.48	2.78	2.79	2.44	3.41

Number of Persons in Seclusion/1000 Bed Days



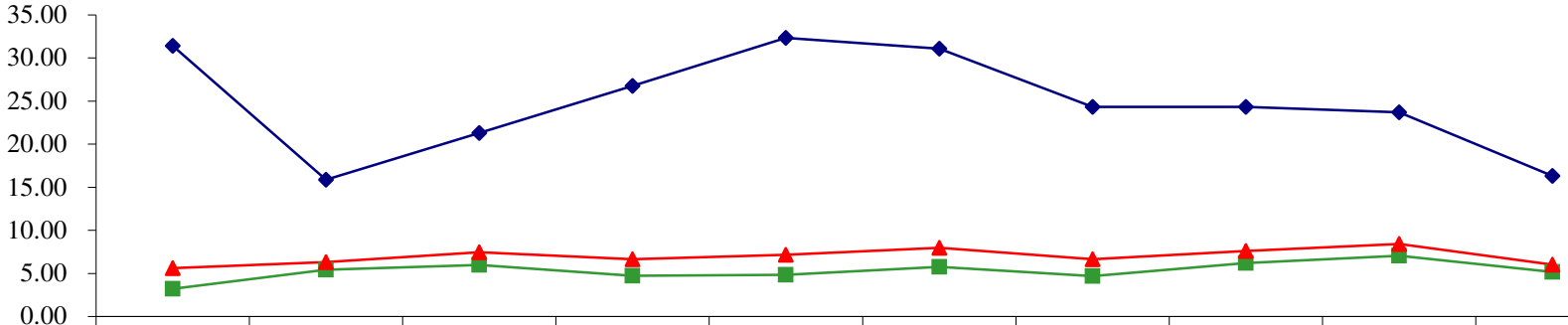
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	2.27	1.64	0.39	0.94	1.52	3.13	0.81	1.08	0.95	0.43
Adults	0.26	0.18	0.13	0.08	0.04	0.13	0.17	0.04	0.04	0.18
Total	0.43	0.28	0.15	0.15	0.16	0.37	0.24	0.12	0.12	0.20

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

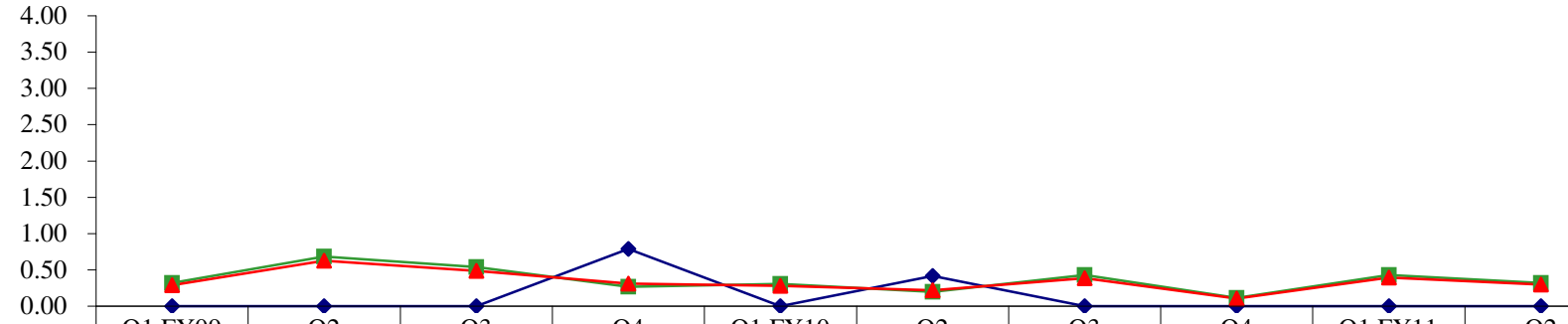
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	31.41	15.89	21.32	26.75	32.33	31.07	24.33	24.32	23.69	16.33
Adults	3.22	5.44	5.98	4.72	4.84	5.76	4.70	6.20	7.04	5.17
Total	5.60	6.32	7.46	6.66	7.15	7.97	6.65	7.62	8.41	6.01

Seclusion Incidents Per 1,000 Bed Days



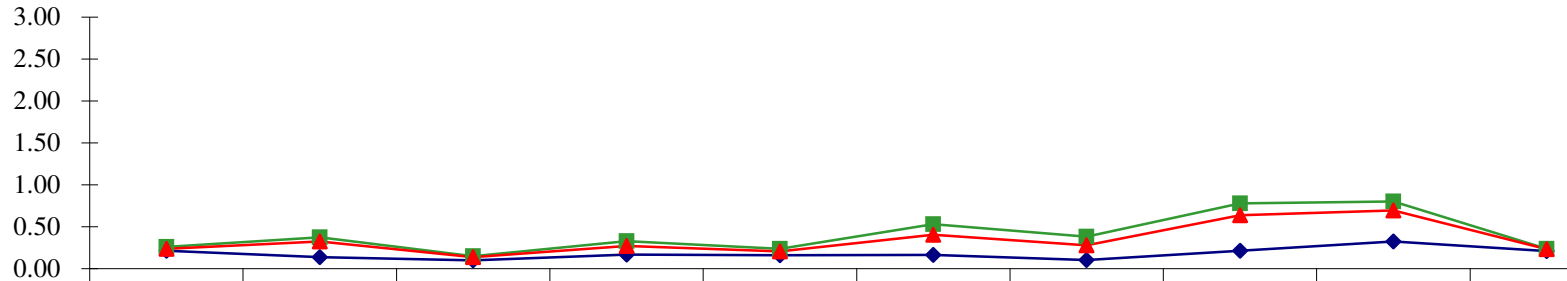
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.00	0.00	0.00	0.79	0.00	0.41	0.00	0.00	0.00	0.00
Adults	0.32	0.69	0.54	0.27	0.31	0.20	0.43	0.11	0.43	0.32
Total	0.29	0.63	0.49	0.31	0.28	0.22	0.38	0.11	0.40	0.30

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

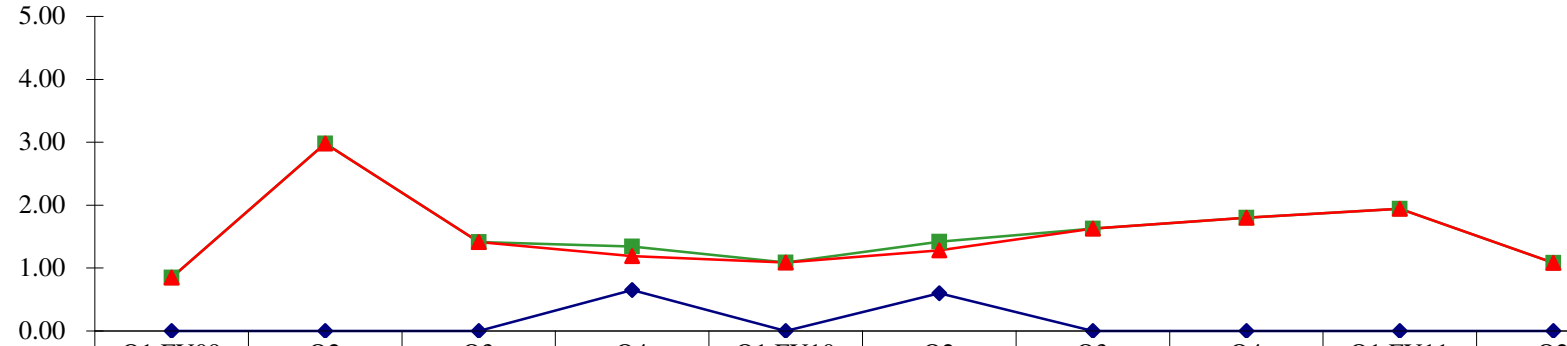
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.22	0.14	0.10	0.17	0.16	0.16	0.10	0.21	0.32	0.21
Adults	0.26	0.37	0.15	0.33	0.24	0.53	0.38	0.78	0.80	0.24
Total	0.24	0.32	0.14	0.27	0.21	0.41	0.28	0.64	0.69	0.23

Average Number of Hours Per Incident in Seclusion



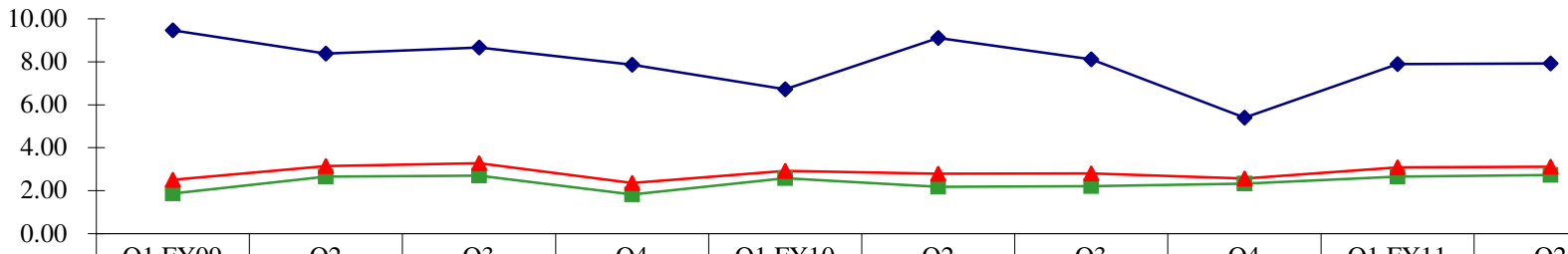
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.00	0.00	0.00	0.65	0.00	0.60	0.00	0.00	0.00	0.00
Adults	0.85	2.98	1.41	1.34	1.09	1.42	1.63	1.80	1.95	1.08
Total	0.85	2.98	1.41	1.19	1.09	1.28	1.63	1.80	1.95	1.08

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

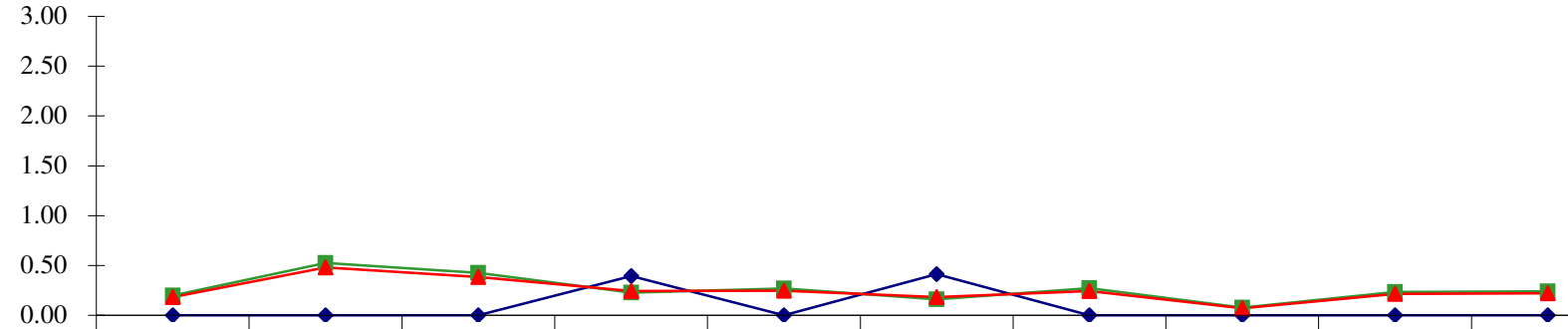
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	9.47	8.38	8.67	7.87	6.72	9.11	8.11	5.41	7.90	7.92
Adults	1.87	2.66	2.70	1.83	2.57	2.18	2.21	2.33	2.66	2.73
Total	2.51	3.14	3.28	2.36	2.92	2.79	2.80	2.57	3.09	3.11

Number of Persons in Seclusion/1000 Bed Days



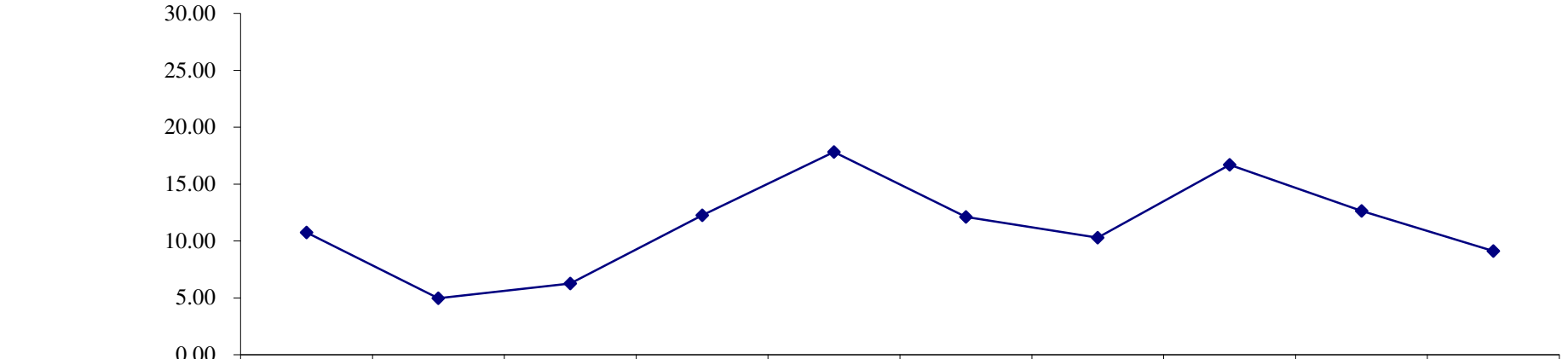
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.00	0.00	0.00	0.39	0.00	0.41	0.00	0.00	0.00	0.00
Adults	0.20	0.52	0.42	0.23	0.27	0.16	0.27	0.08	0.23	0.24
Total	0.18	0.48	0.38	0.24	0.25	0.18	0.24	0.07	0.22	0.22

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

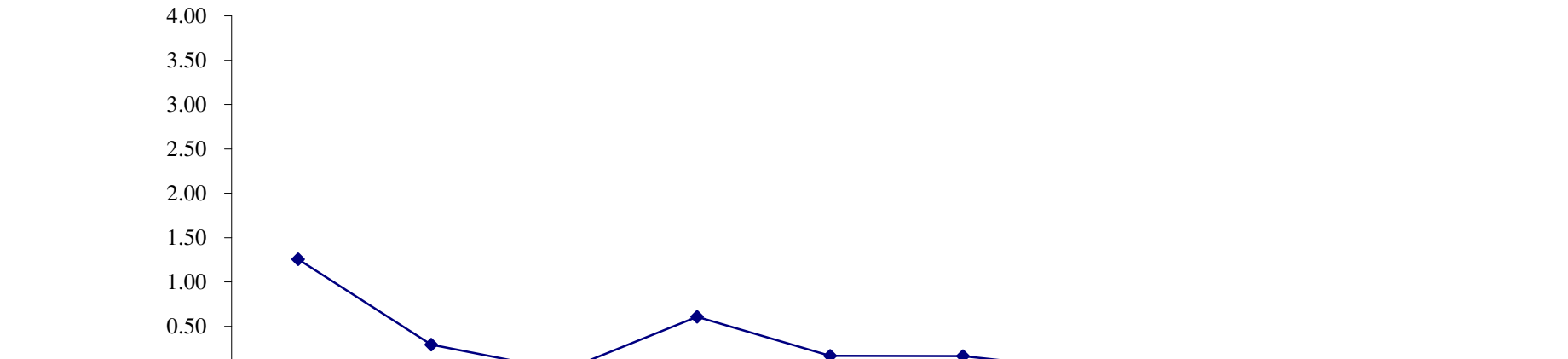
Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth

Restraint Incidents Per 1,000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	10.75	4.97	6.27	12.25	17.81	12.12	10.28	16.69	12.65	9.10

Seclusion Incidents Per 1,000 Bed Days



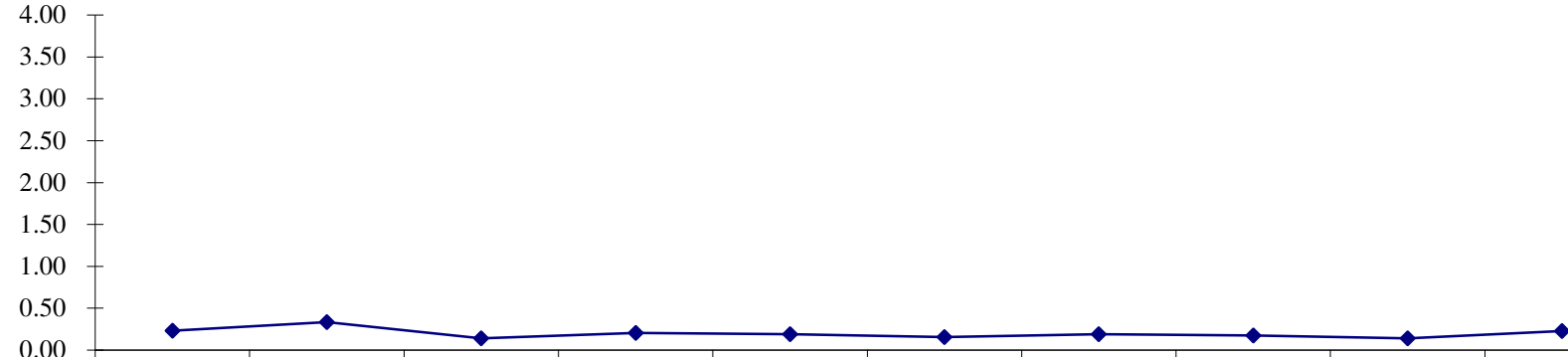
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	1.26	0.29	0.00	0.60	0.17	0.16	0.00	0.00	0.00	0.00

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

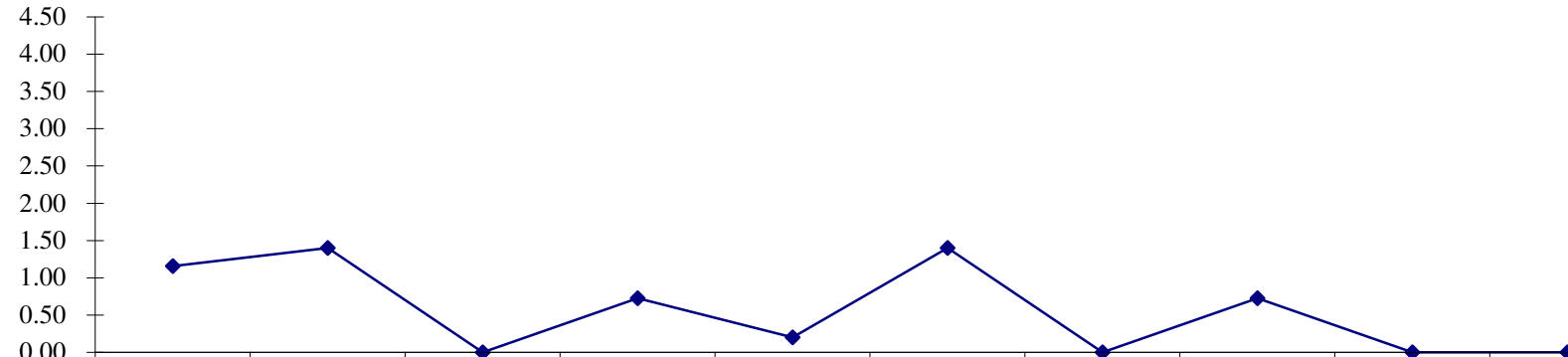
Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth

Average Number of Hours Per Incident in Restraints



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.23	0.34	0.14	0.21	0.19	0.16	0.19	0.18	0.14	0.23

Average Number of Hours Per Incident in Seclusion



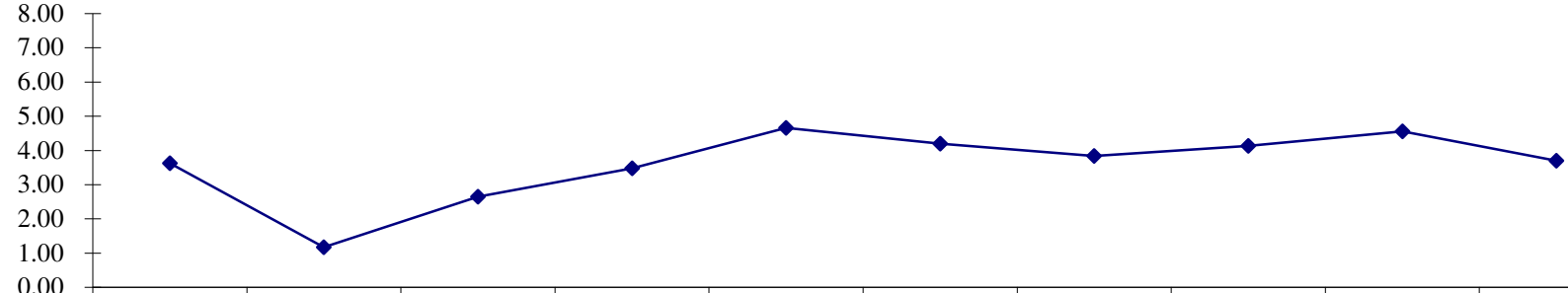
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	1.16	1.40	0.00	0.73	0.20	1.40	0.00	0.73	0.00	0.00

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

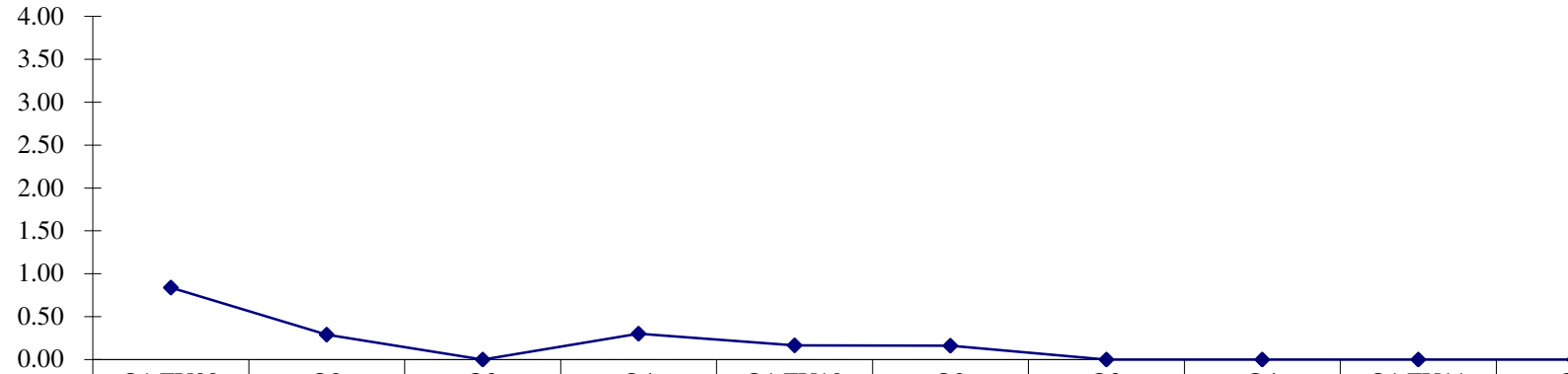
Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth

Number of Persons in Restraint/1000 Bed Days



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	3.63	1.17	2.65	3.48	4.66	4.20	3.84	4.14	4.56	3.70

Number of Persons in Seclusion/1000 Bed Days



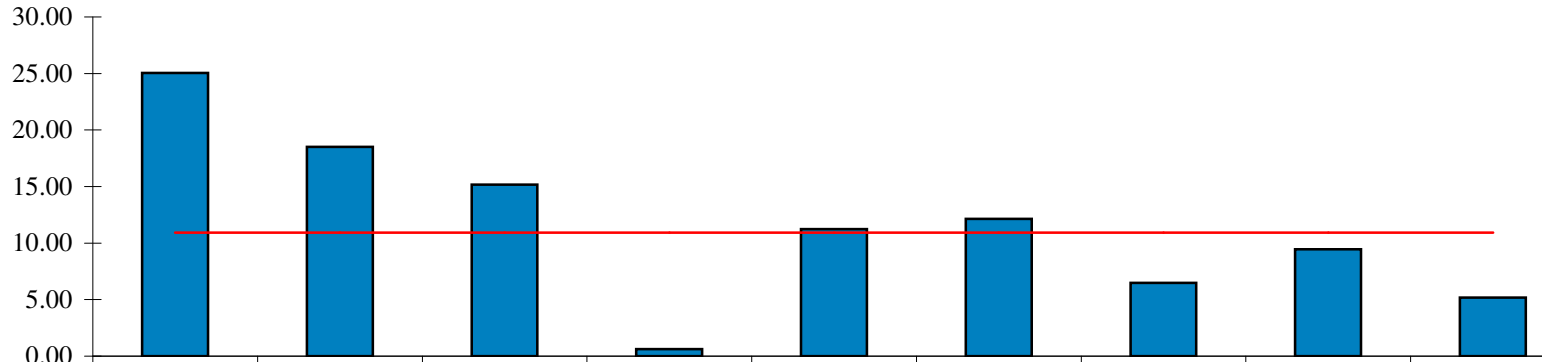
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Child/Adolescents	0.84	0.29	0.00	0.30	0.17	0.16	0.00	0.00	0.00	0.00

Table: Hospital Management Data Services

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

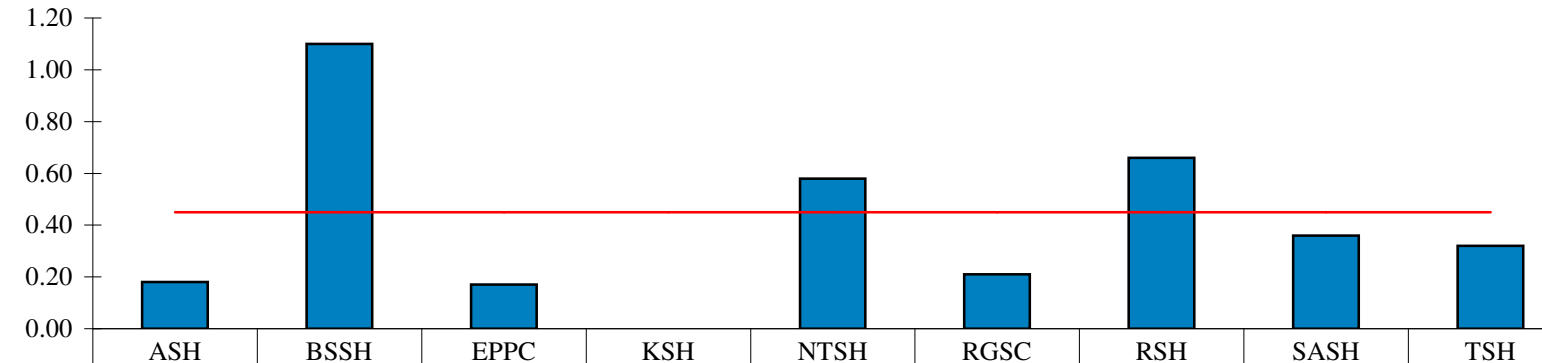
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Adult Restraint Incidents Per 1,000 Bed Days



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY11	25.05	18.52	15.17	0.61	11.23	12.13	6.49	9.45	5.17
All State Hospitals	10.93	10.93	10.93	10.93	10.93	10.93	10.93	10.93	10.93

Adult Seclusion Incidents Per 1,000 Bed Days



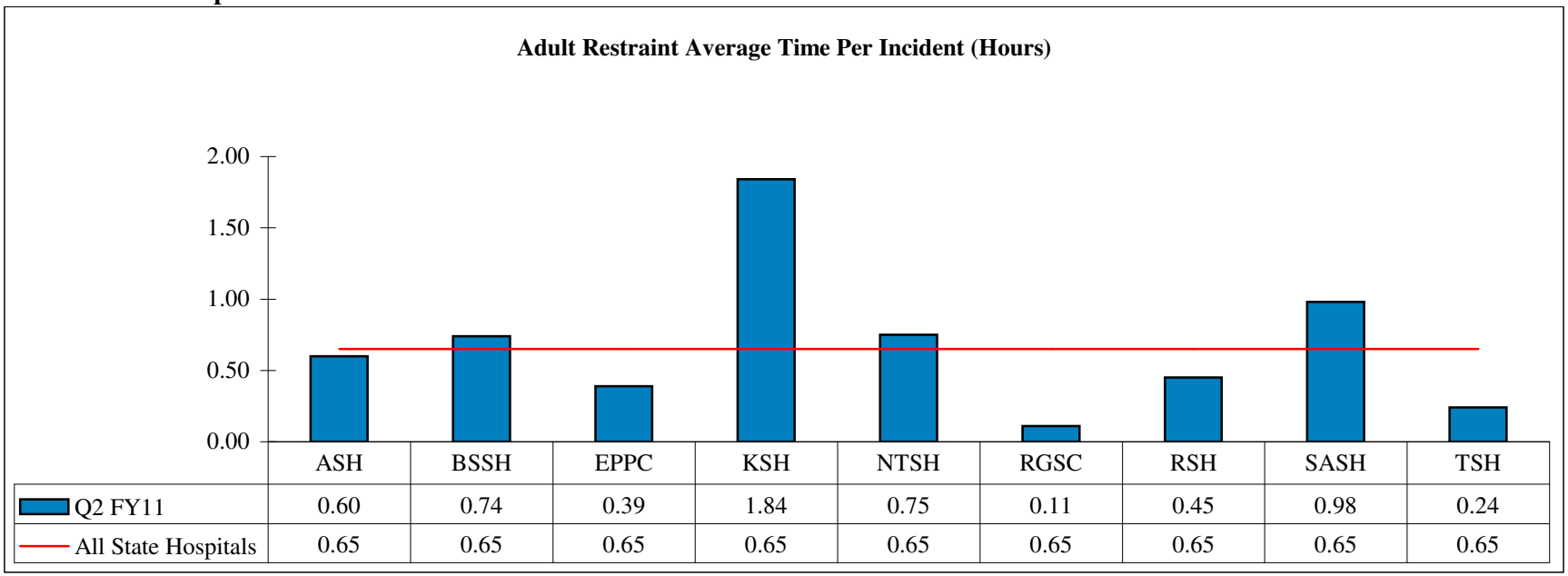
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY11	0.18	1.10	0.17	0.00	0.58	0.21	0.66	0.36	0.32
All State Hospitals	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45

Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

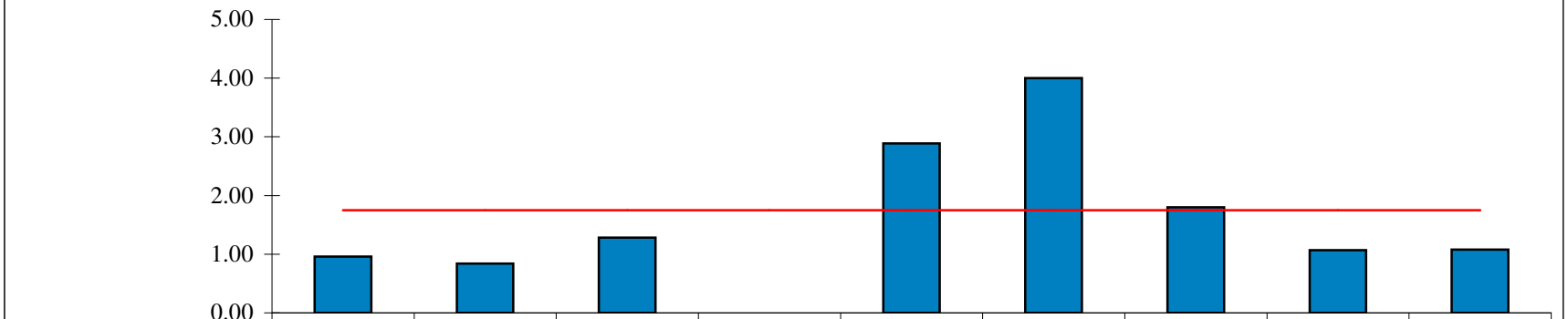
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Adult Restraint Average Time Per Incident (Hours)



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY11	0.60	0.74	0.39	1.84	0.75	0.11	0.45	0.98	0.24
All State Hospitals	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65

Adult Seclusion Average Time Per Incidents (Hours)



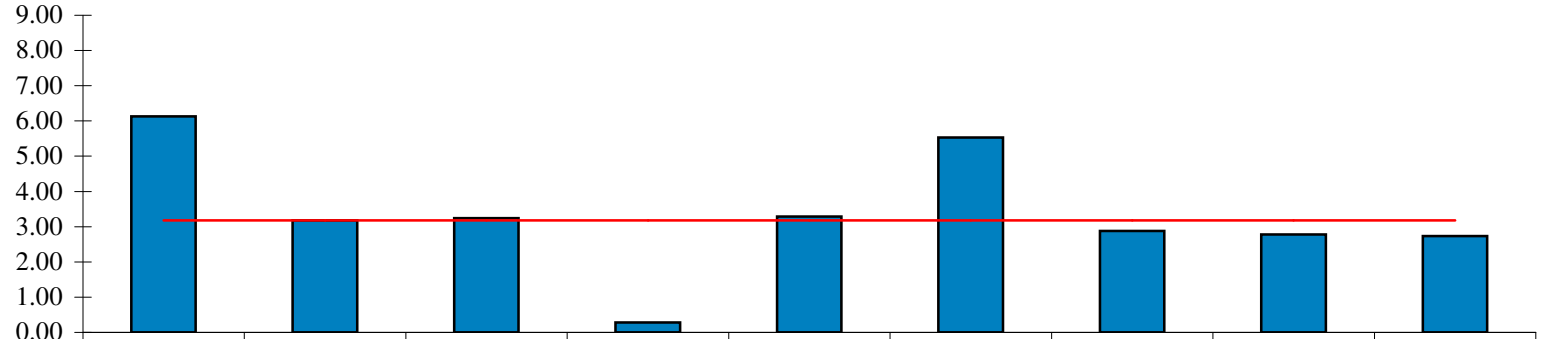
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY11	0.96	0.84	1.28	0.00	2.89	4.00	1.80	1.07	1.08
All State Hospitals	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75	1.75

Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

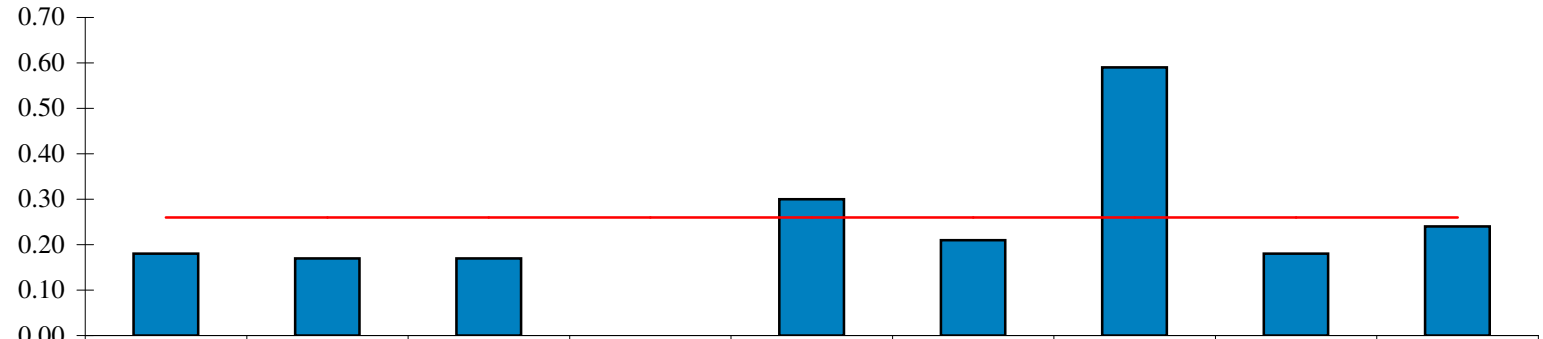
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Adult Restraint Persons Per 1,000 Bed Days



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY11	6.13	3.18	3.24	0.28	3.29	5.53	2.88	2.78	2.73
All State Hospitals	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18

Adult Seclusion Persons Per 1,000 Bed Days



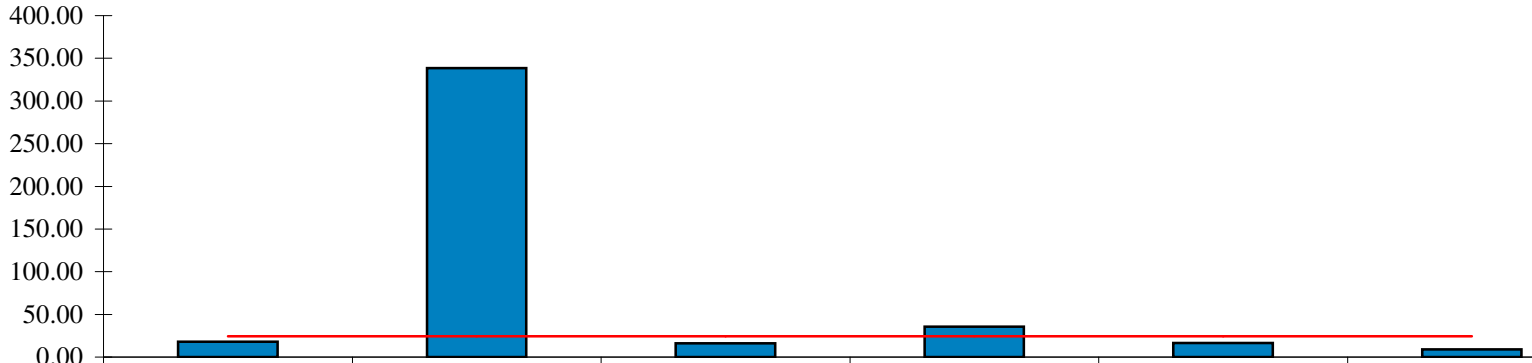
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY11	0.18	0.17	0.17	0.00	0.30	0.21	0.59	0.18	0.24
All State Hospitals	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26	0.26

Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

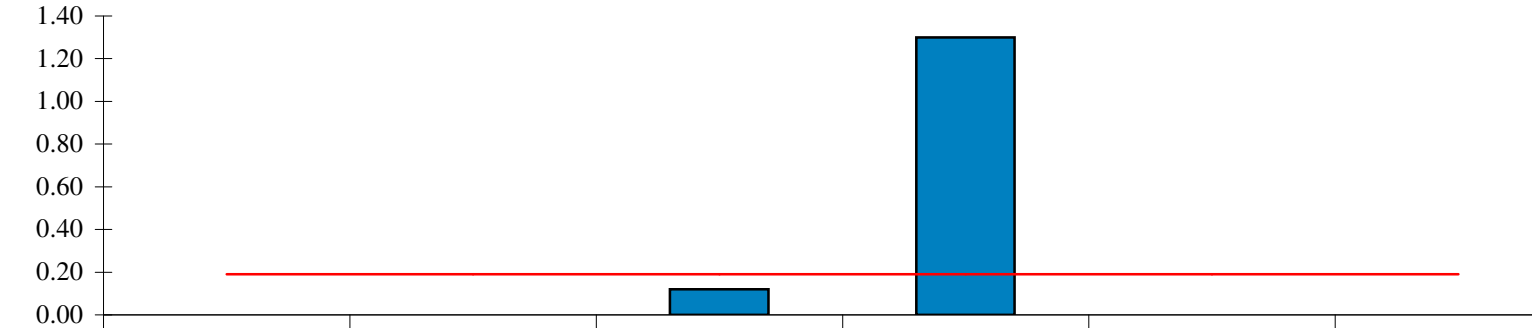
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Child & Adolescent Restraint Incidents Per 1,000 Bed Days



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY11	18.02	338.35	16.26	35.45	16.33	9.10
All State Hospitals	24.30	24.30	24.30	24.30	24.30	24.30

Child & Adolescent Seclusion Incidents Per 1,000 Bed Days



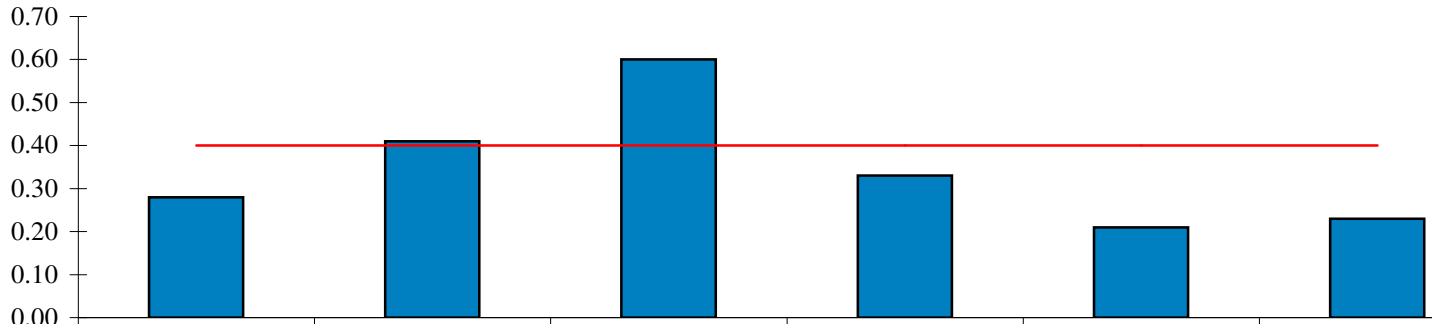
	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY11	0.00	0.00	0.12	1.30	0.00	0.00
All State Hospitals	0.19	0.19	0.19	0.19	0.19	0.19

Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

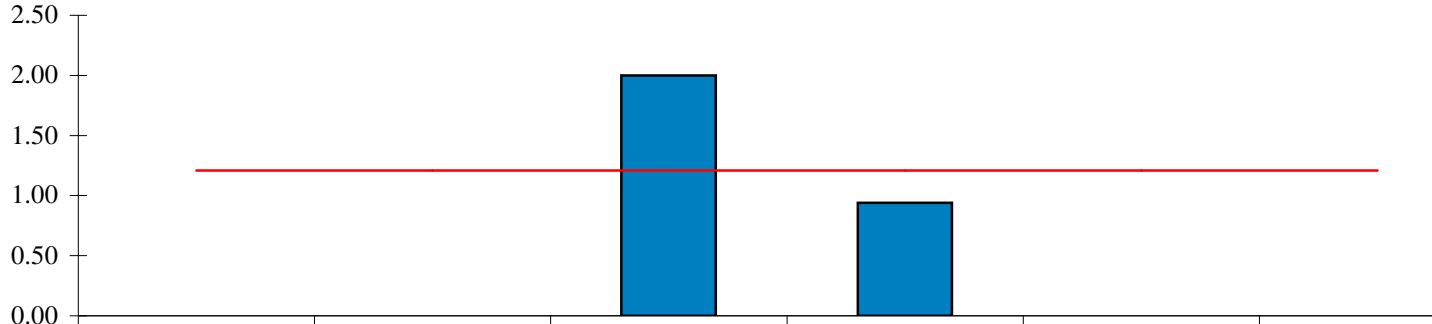
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Child & Adolescent Restraint Average Time Per Incident (Hours)



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY11	0.28	0.41	0.60	0.33	0.21	0.23
All State Hospitals	0.40	0.40	0.40	0.40	0.40	0.40

Child & Adolescent Seclusion Average Time Per Incident (Hours)



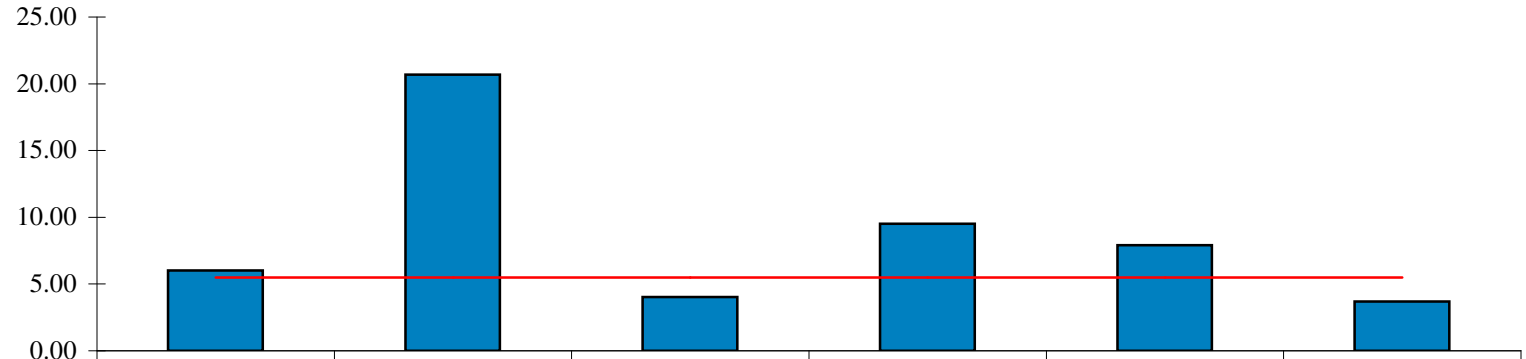
	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY11	0.00	0.00	2.00	0.94	0.00	0.00
All State Hospitals	1.21	1.21	1.21	1.21	1.21	1.21

Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

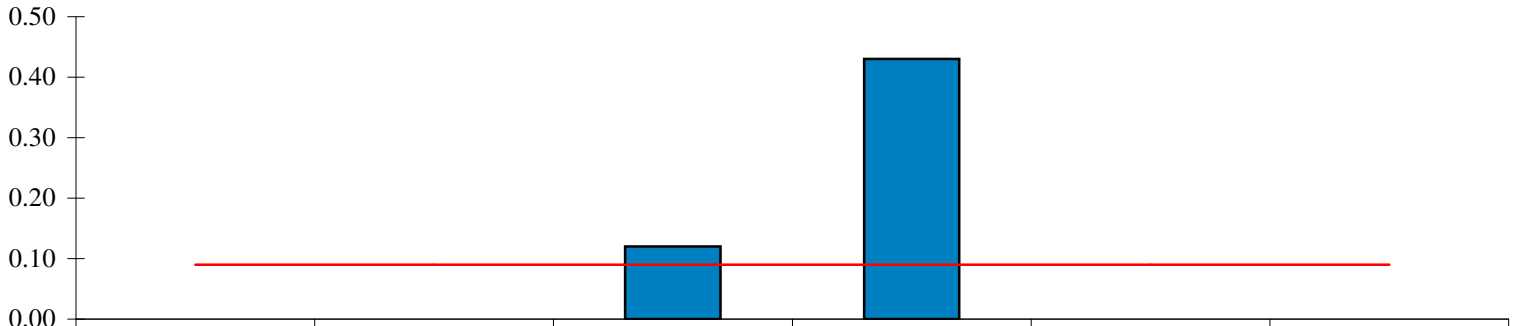
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Child & Adolescent Restraint Persons Per 1,000 Bed Days



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY11	6.01	20.68	4.03	9.51	7.92	3.70
All State Hospitals	5.48	5.48	5.48	5.48	5.48	5.48

Child & Adolescent Seclusion Persons Per 1,000 Bed Days



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY11	0.00	0.00	0.12	0.43	0.00	0.00
All State Hospitals	0.09	0.09	0.09	0.09	0.09	0.09

Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

Performance Objective 3B:

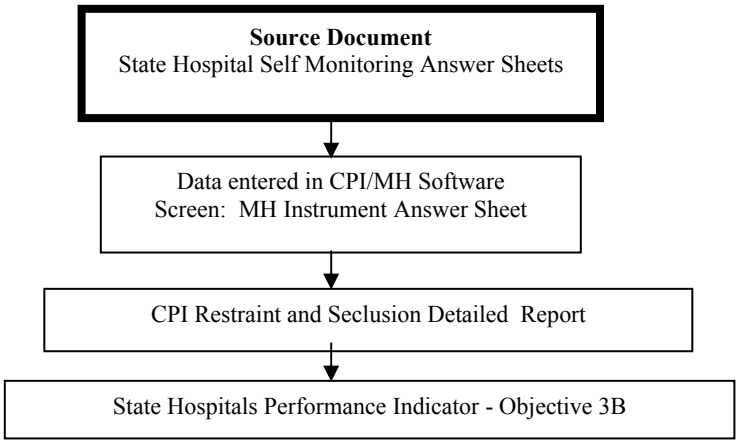
Utilize the Behavioral Restraint and Seclusion Monitoring Instrument to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

Performance Objective Operational Definition: Monthly mean or average score from the CPI Restraint and Seclusion Monitoring instrument.

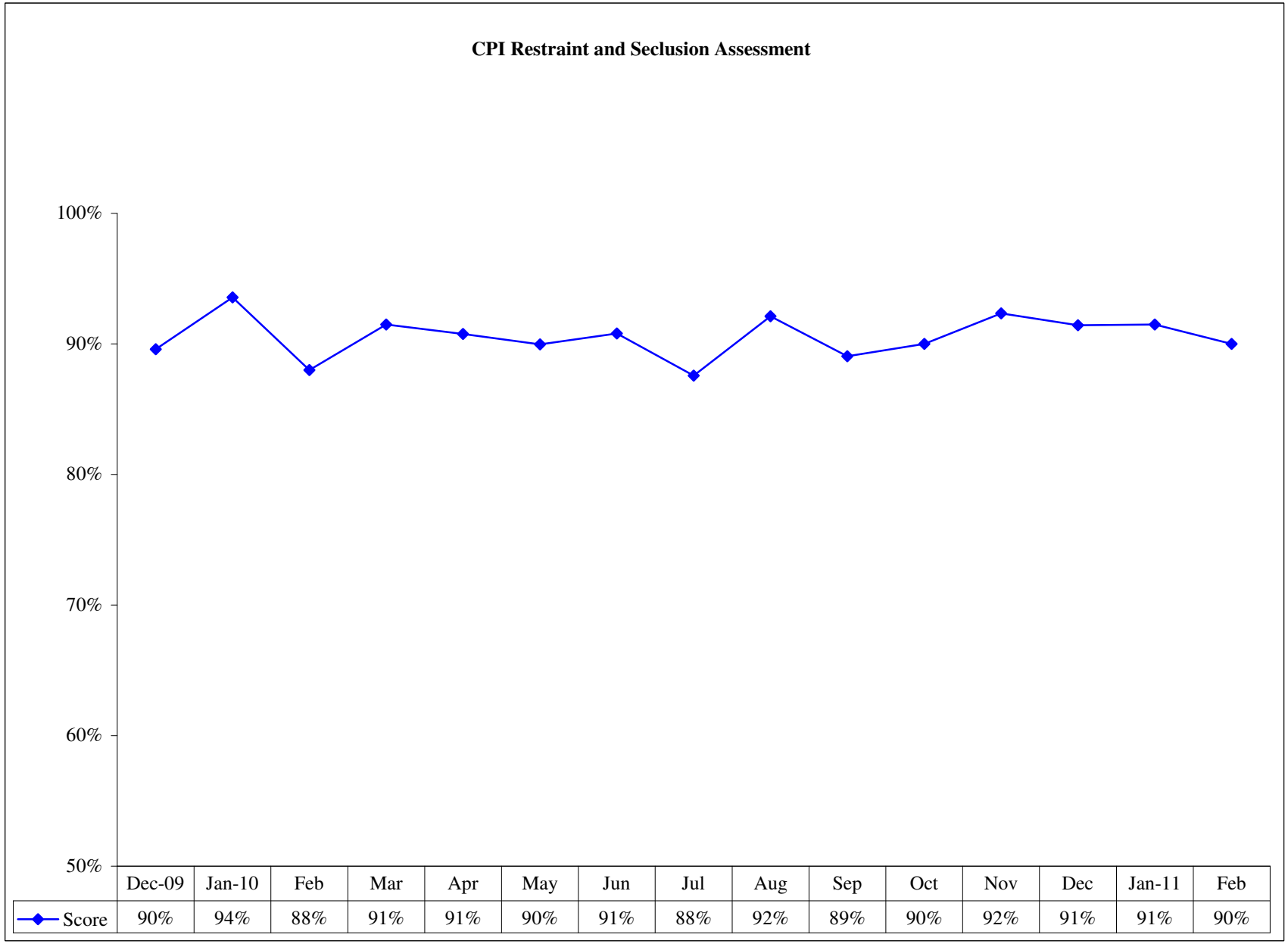
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument [(yes + no with)/(yes + no with + no) x 100].

Performance Objective Data Display and Chart Description:
Chart with monthly data points of state hospital scores.

Data Flow:



Objective 3B - Behavorial Restraint and Seclusion Assessment
All State MH Hospitals

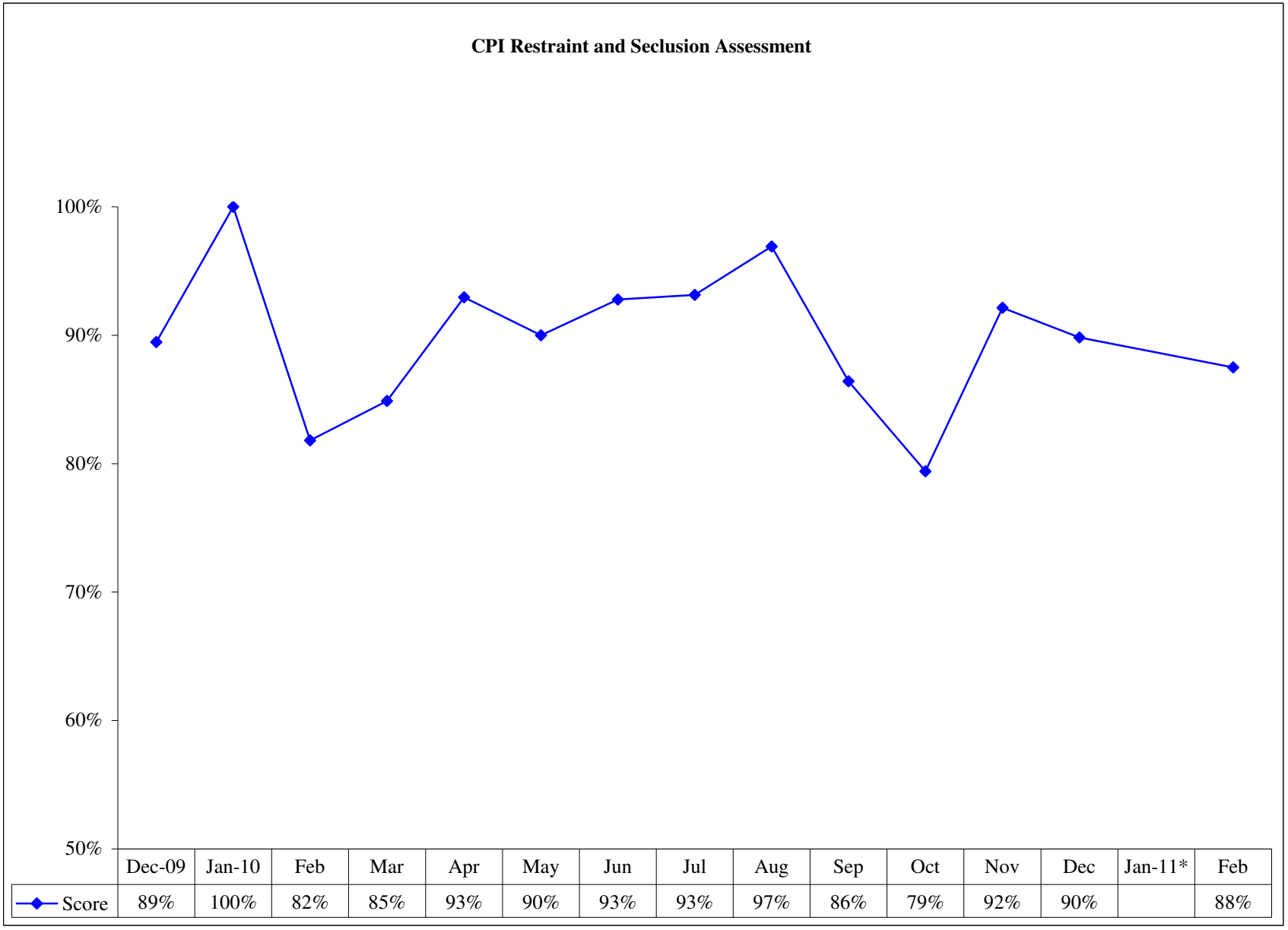


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	90%	94%	88%	91%	91%	90%	91%	88%	92%	89%	90%	92%	91%	91%	90%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Austin State Hospital



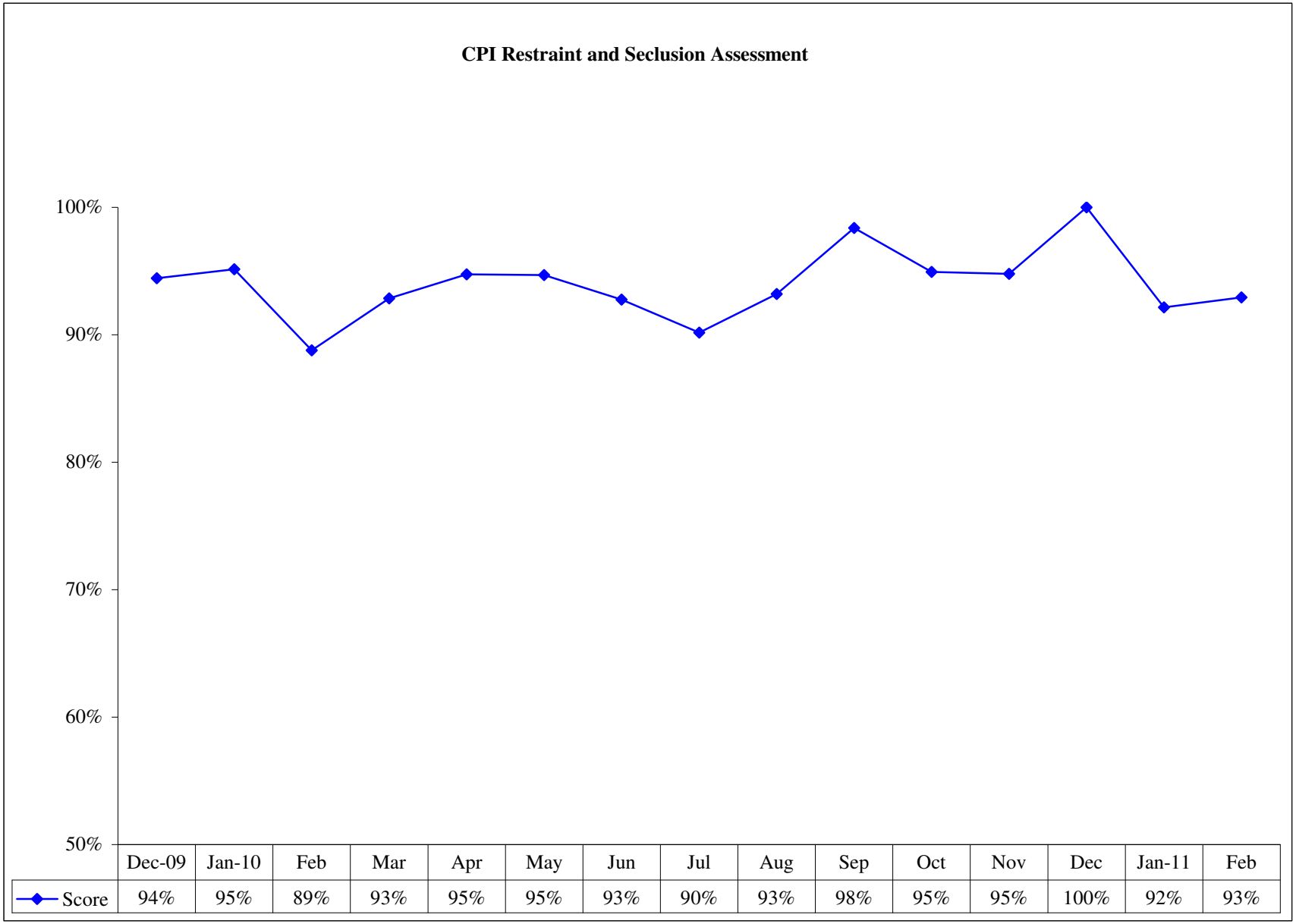
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11*	Feb
Score	89%	100%	82%	85%	93%	90%	93%	93%	97%	86%	79%	92%	90%		88%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Big Spring State Hospital



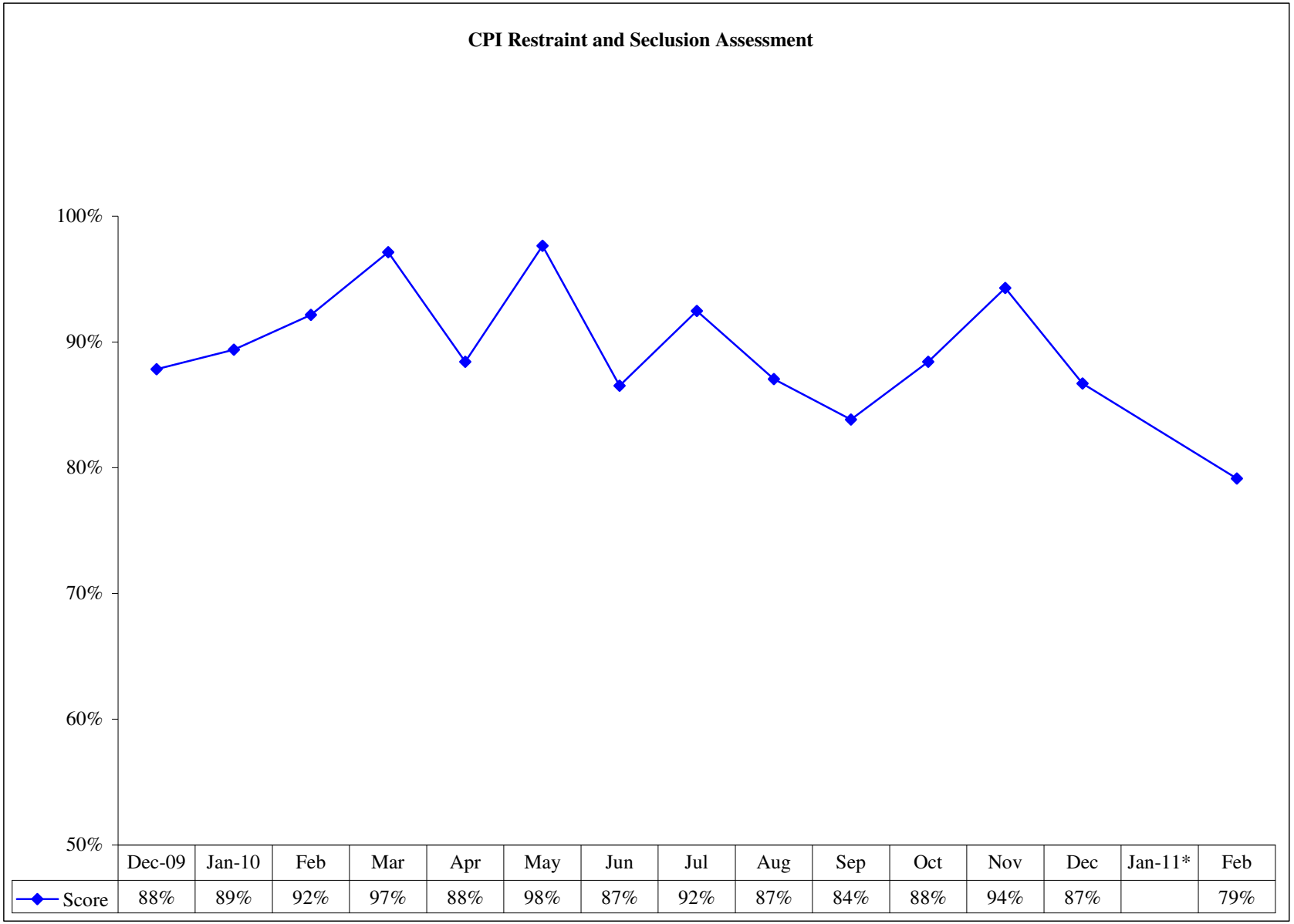
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	94%	95%	89%	93%	95%	95%	93%	90%	93%	98%	95%	95%	100%	92%	93%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
El Paso Psychiatric Center



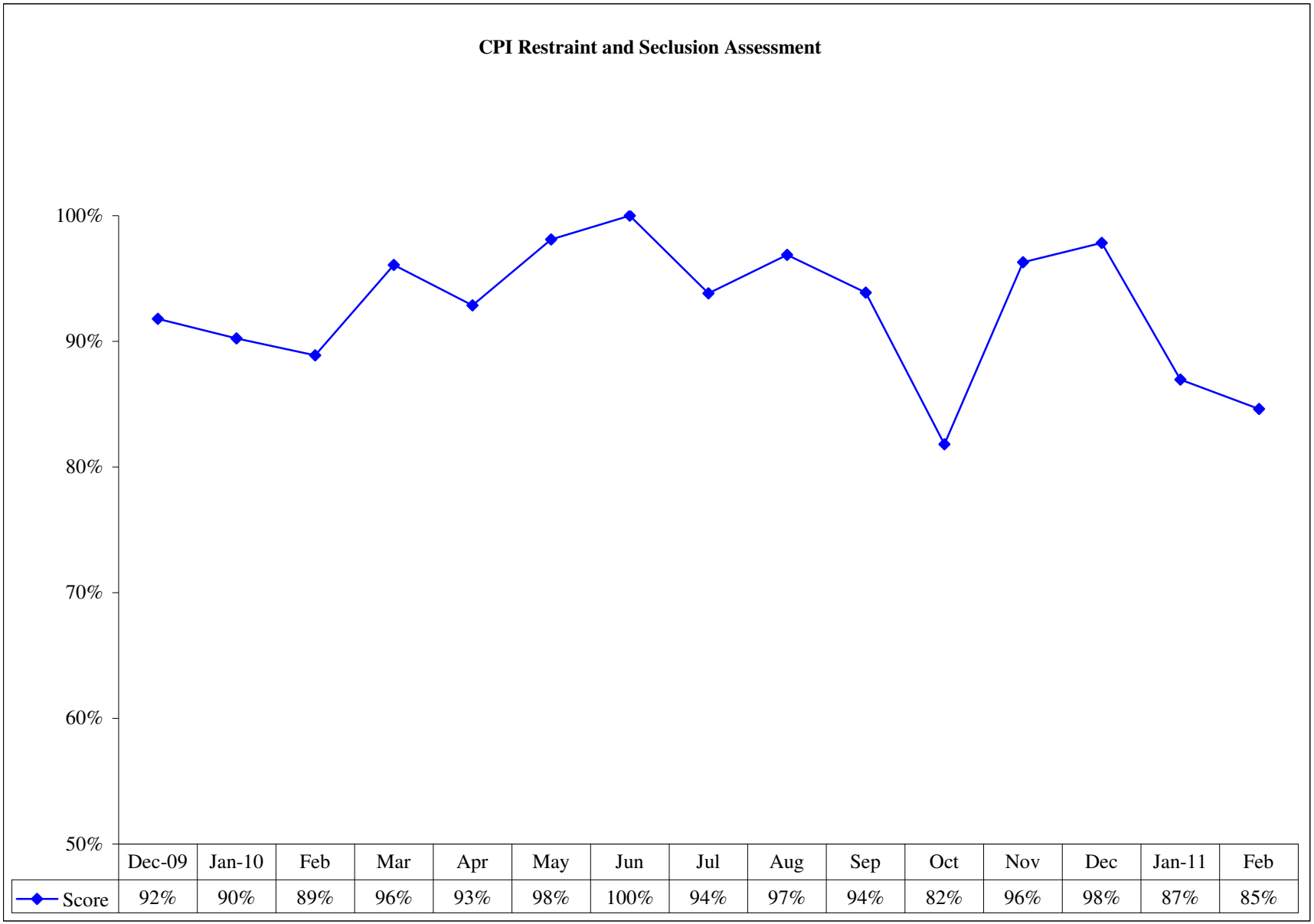
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11*	Feb
Score	88%	89%	92%	97%	88%	98%	87%	92%	87%	84%	88%	94%	87%		79%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Kerrville State Hospital

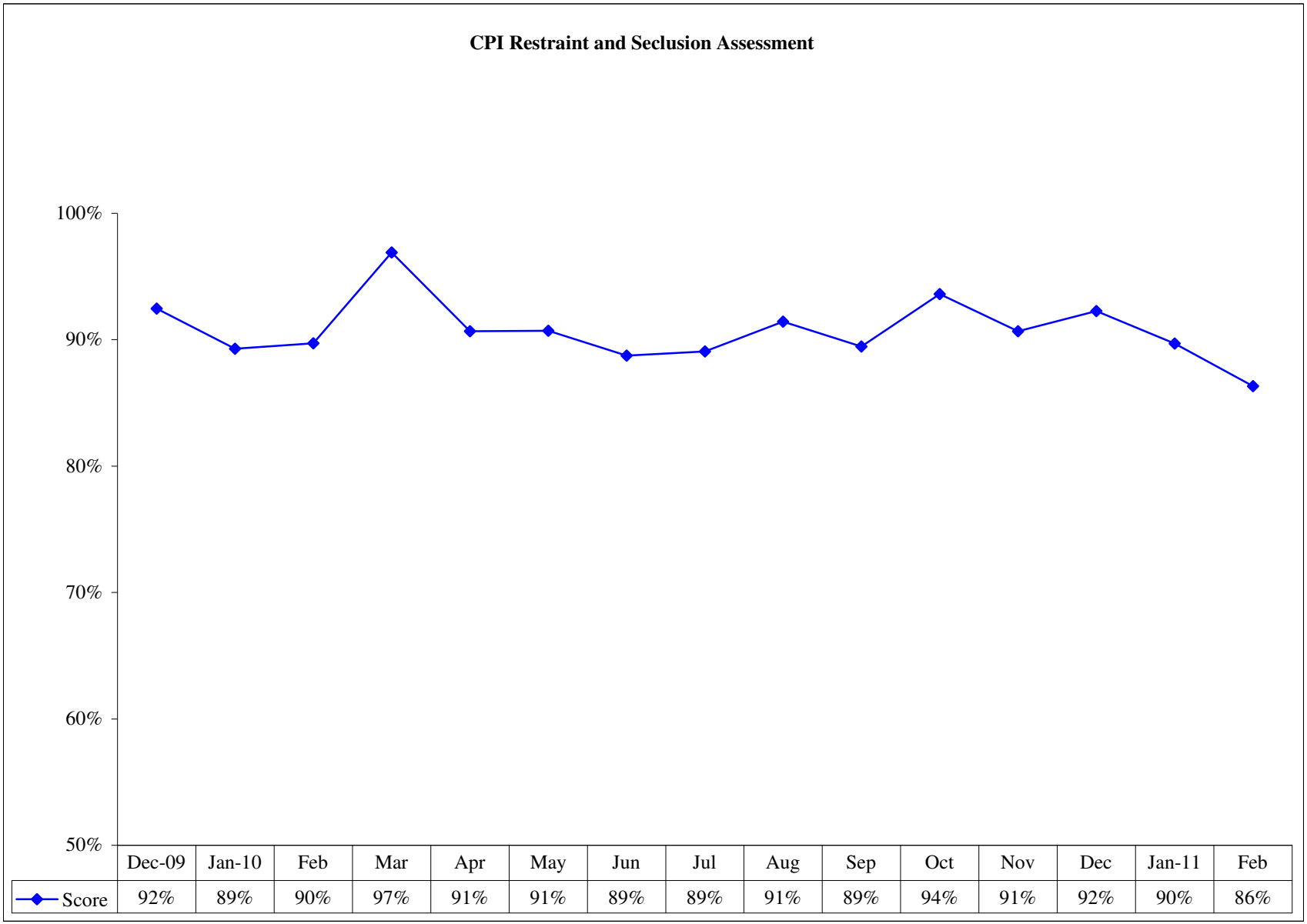


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	92%	90%	89%	96%	93%	98%	100%	94%	97%	94%	82%	96%	98%	87%	85%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
North Texas State Hospital

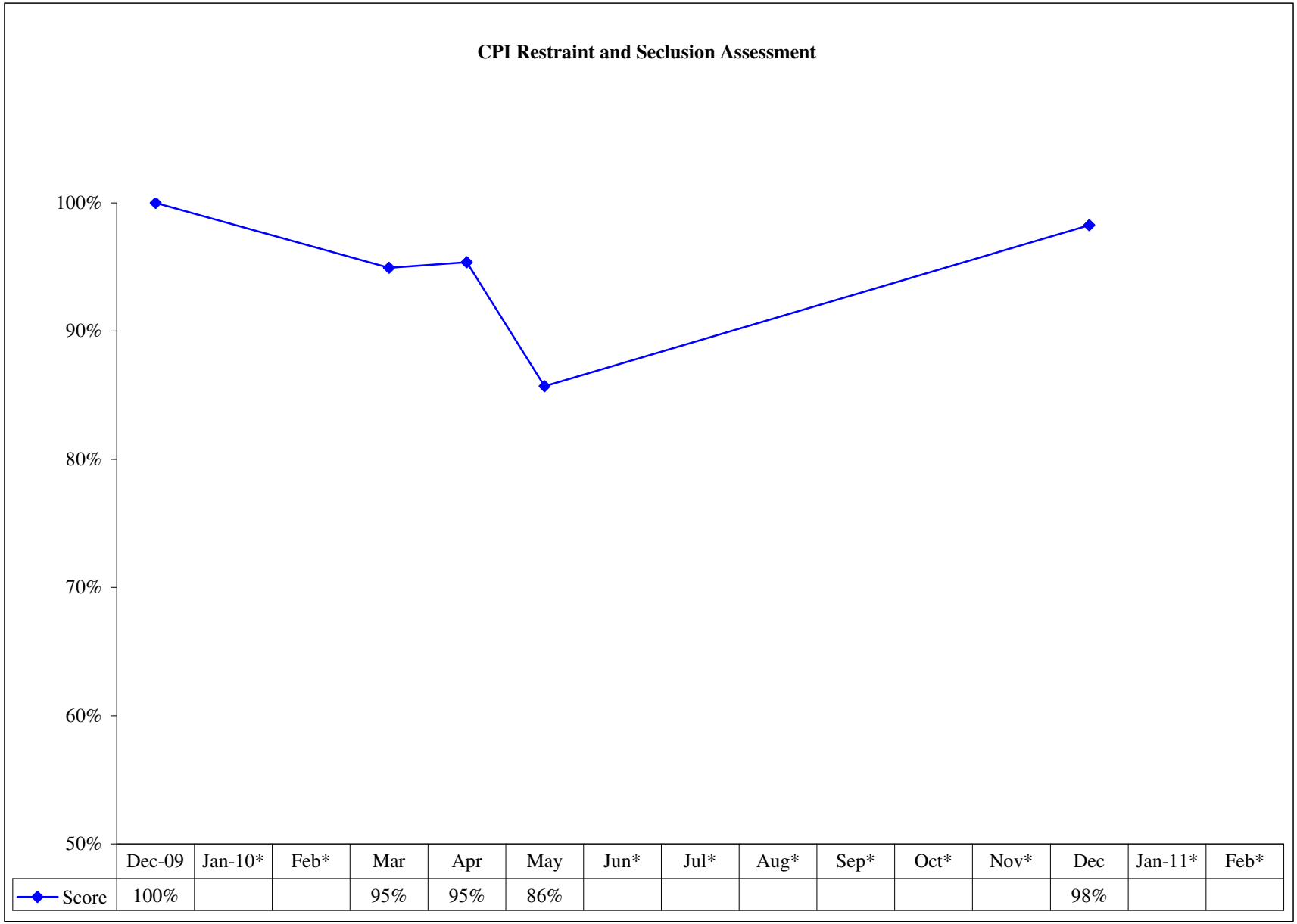


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	92%	89%	90%	97%	91%	91%	89%	89%	91%	89%	94%	91%	92%	90%	86%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Rio Grande State Center



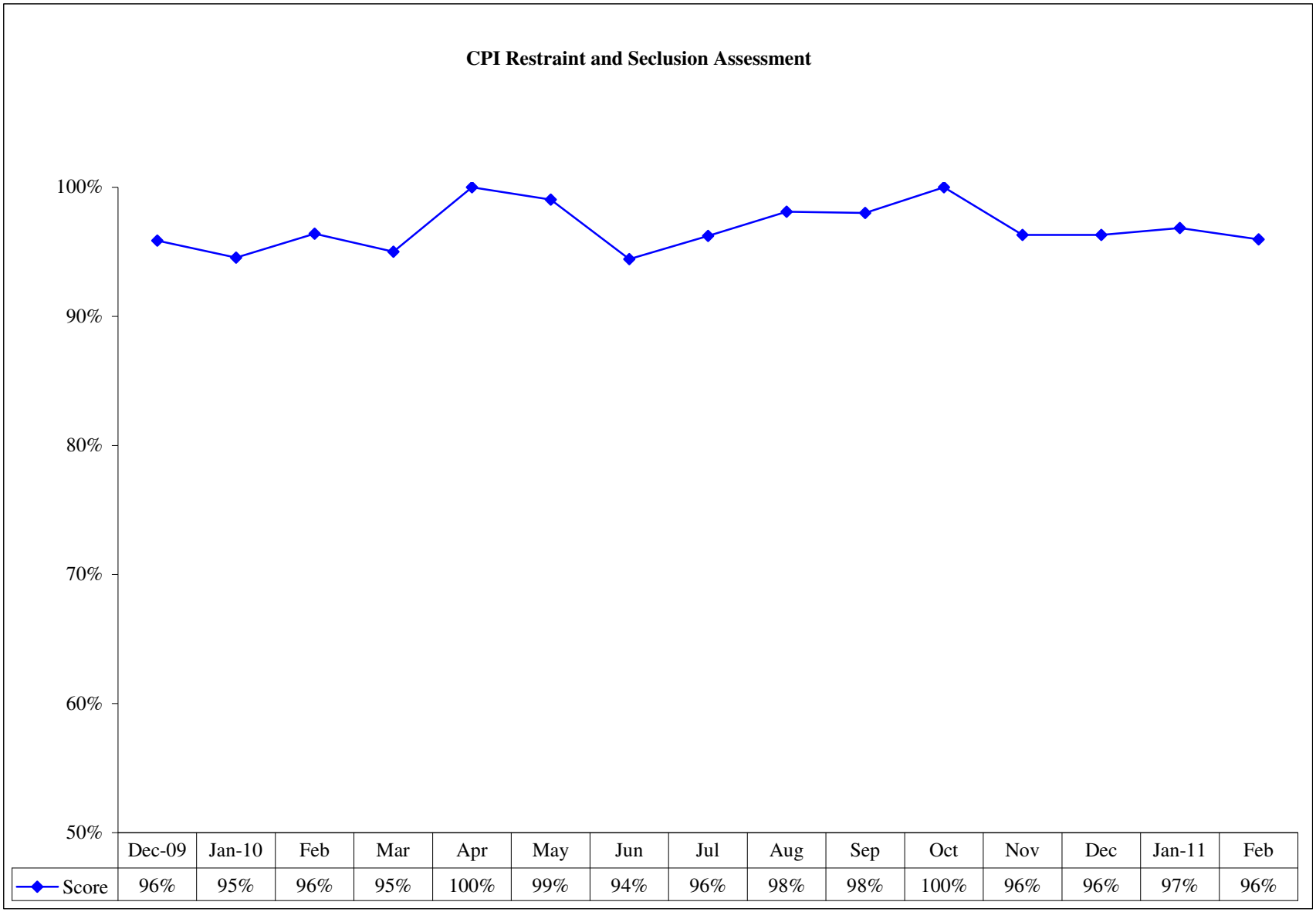
	Dec-09	Jan-10*	Feb*	Mar	Apr	May	Jun*	Jul*	Aug*	Sep*	Oct*	Nov*	Dec	Jan-11*	Feb*
Score	100%			95%	95%	86%							98%		

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Rusk State Hospital

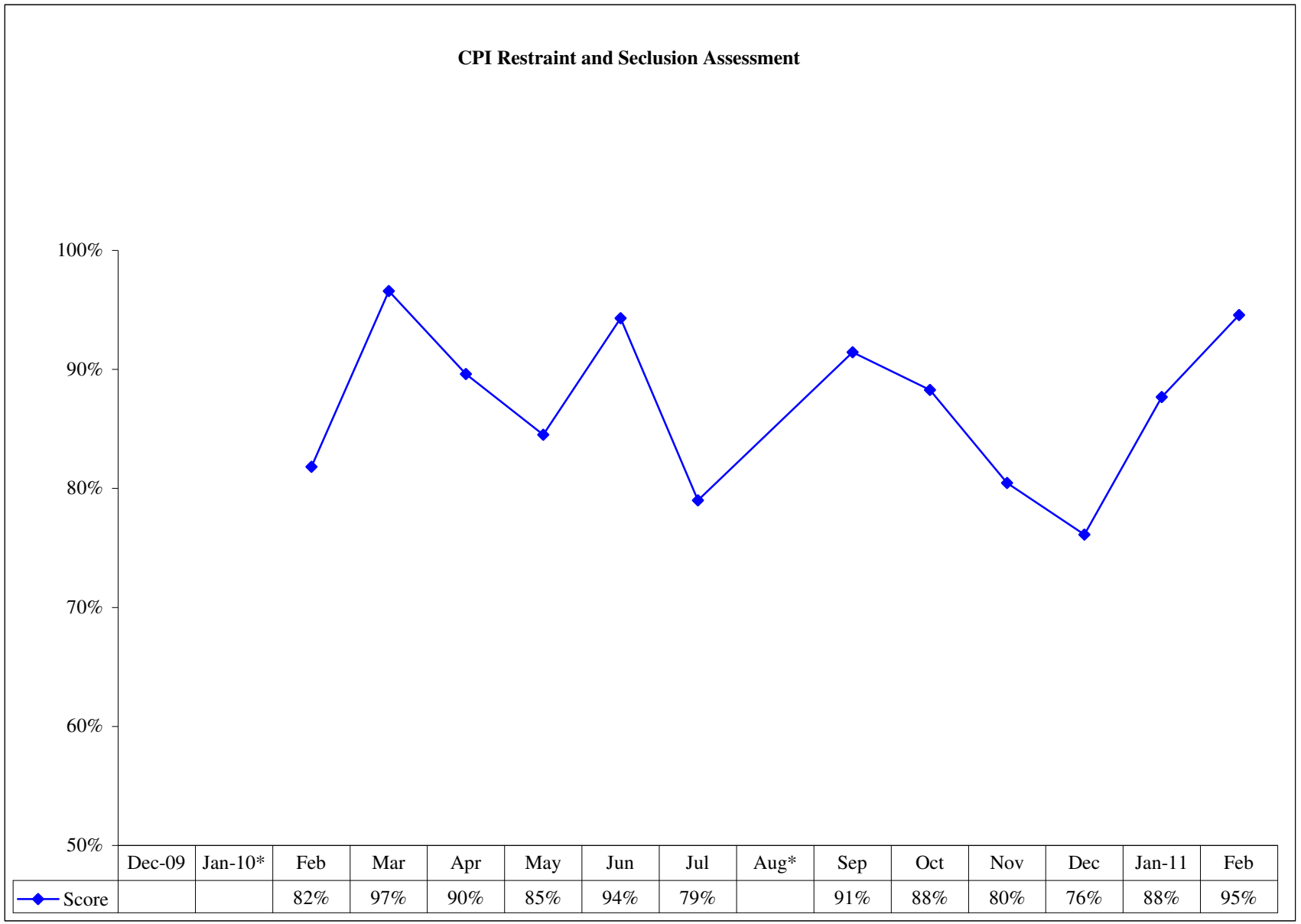


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	96%	95%	96%	95%	100%	99%	94%	96%	98%	98%	100%	96%	96%	97%	96%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
San Antonio State Hospital



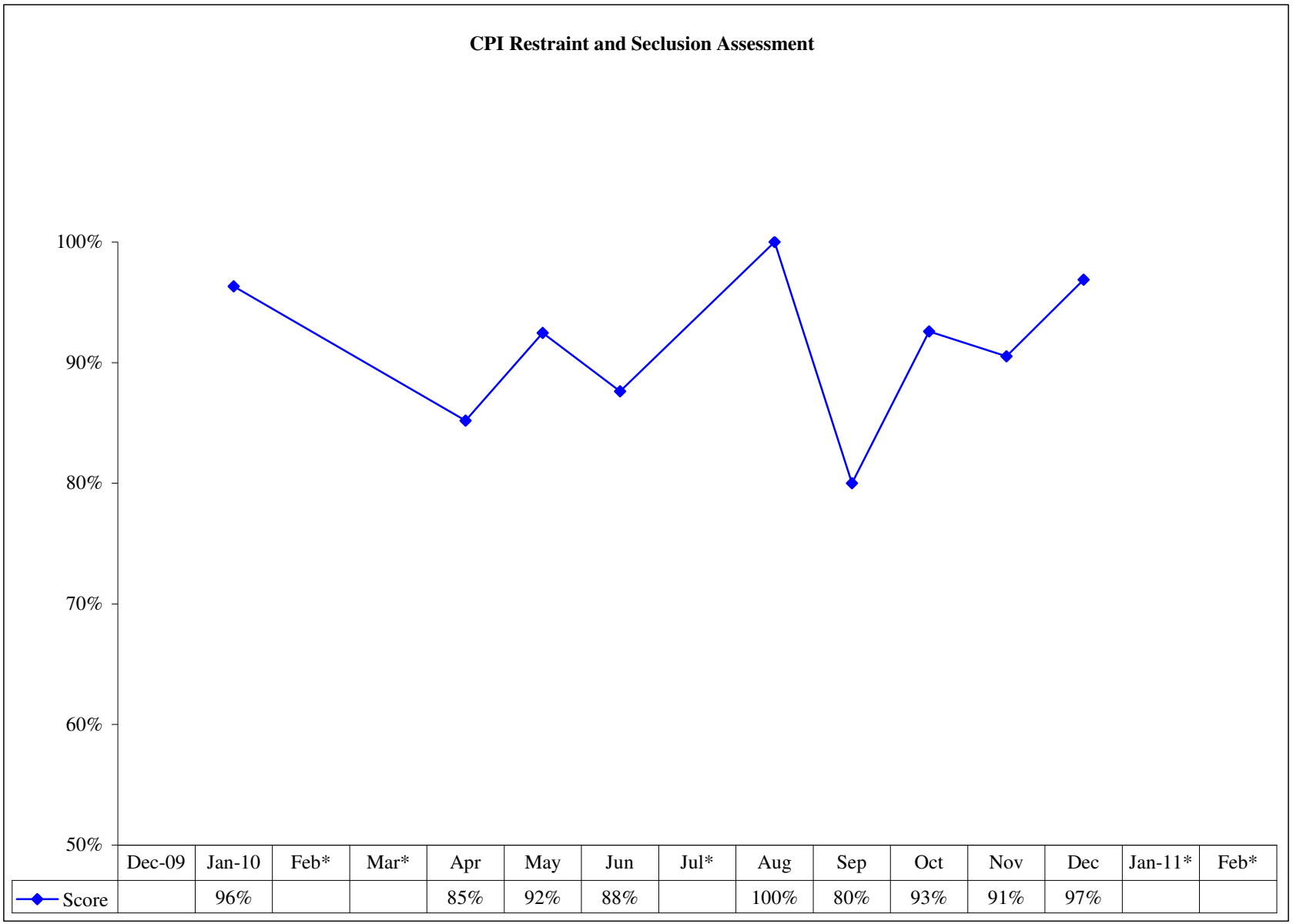
	Dec-09	Jan-10*	Feb	Mar	Apr	May	Jun	Jul	Aug*	Sep	Oct	Nov	Dec	Jan-11	Feb
Score			82%	97%	90%	85%	94%	79%		91%	88%	80%	76%	88%	95%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Terrell State Hospital



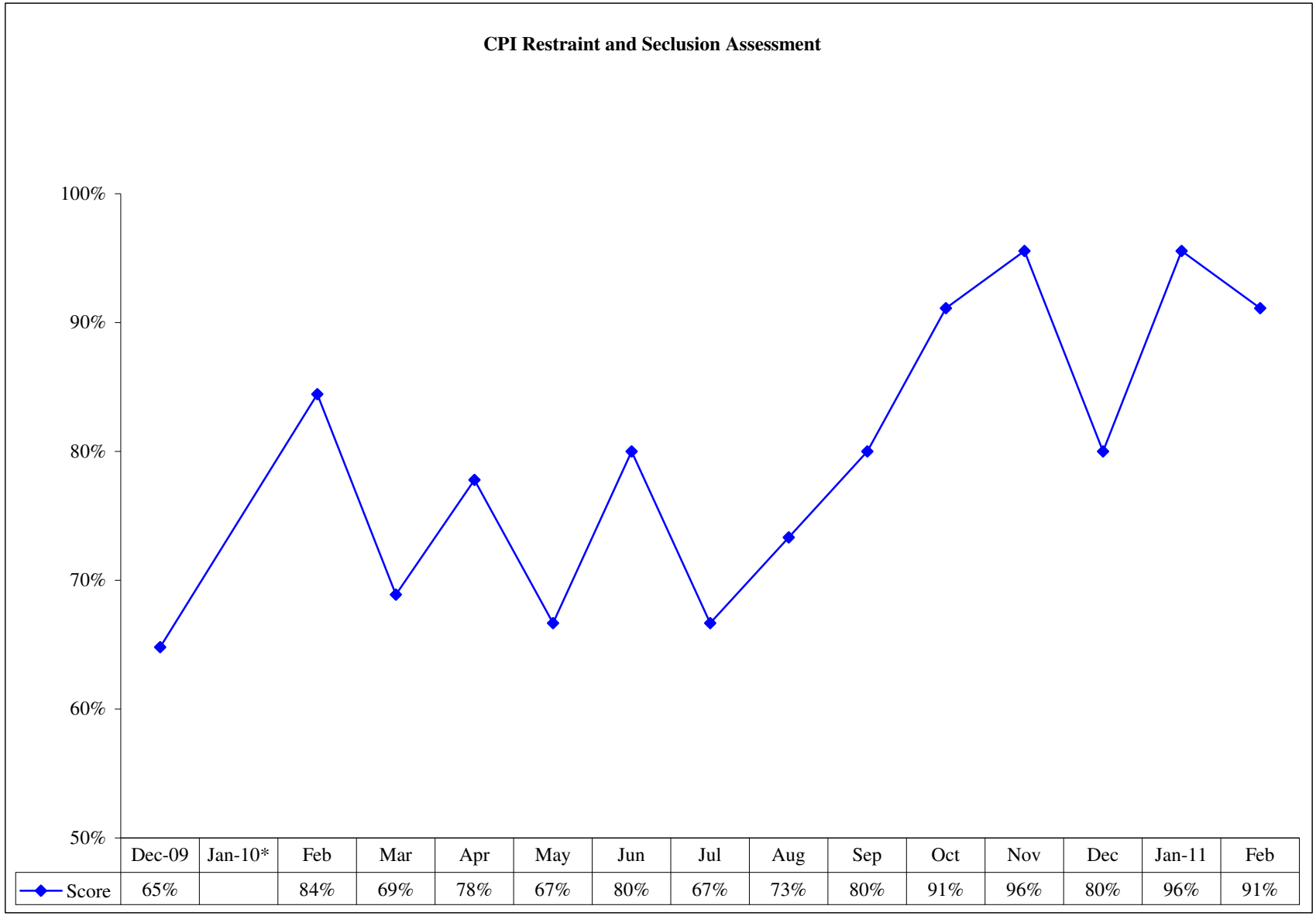
	Dec-09	Jan-10	Feb*	Mar*	Apr	May	Jun	Jul*	Aug	Sep	Oct	Nov	Dec	Jan-11*	Feb*
Score		96%			85%	92%	88%		100%	80%	93%	91%	97%		

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Waco Center for Youth



	Dec-09	Jan-10*	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	65%		84%	69%	78%	67%	80%	67%	73%	80%	91%	96%	80%	96%	91%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Performance Measure 3A:

GAF: Improvement in patient treatment outcomes in state mental health hospital will be measured by showing:

1. **The percent of patients receiving inpatient services whose GAF score increased.**
2. **The percent of patients receiving inpatient services whose GAF score stabilized.**

Performance Measure Operational Definition: Total of persons with Global Assessment of Functioning Scale (GAF) score increased and stabilized. The GAF is a clinician-related scale that indicates a client's general level of functioning during a specific time period. A single score incorporates psychological, social and occupational functioning. Do not include impairment in functioning due to physical (or environmental) limitations. Possible scores can range from 1 (hypothetically the most severe mental illness and lowest level of functioning) to 100 (hypothetically the highest level of functioning, with no symptoms). GAF data is collected during the patient's diagnostic examination at admission and again during the discharge evaluation.

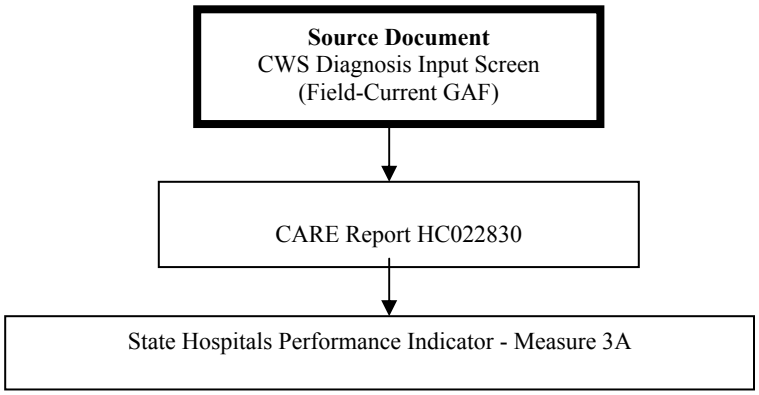
Performance Measure Formula: R = (N/D)

R = rate of persons discharged whose GAF stabilized/increased by 10 or more points.
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.
D = number of discharges per month. (Persons who were discharged from the state hospital monthly and FY-to-date who had at least two GAF scores recorded during the episode. If there are not at least two GAF scores for the episode, the person is not counted in either the numerator or denominator for this report).

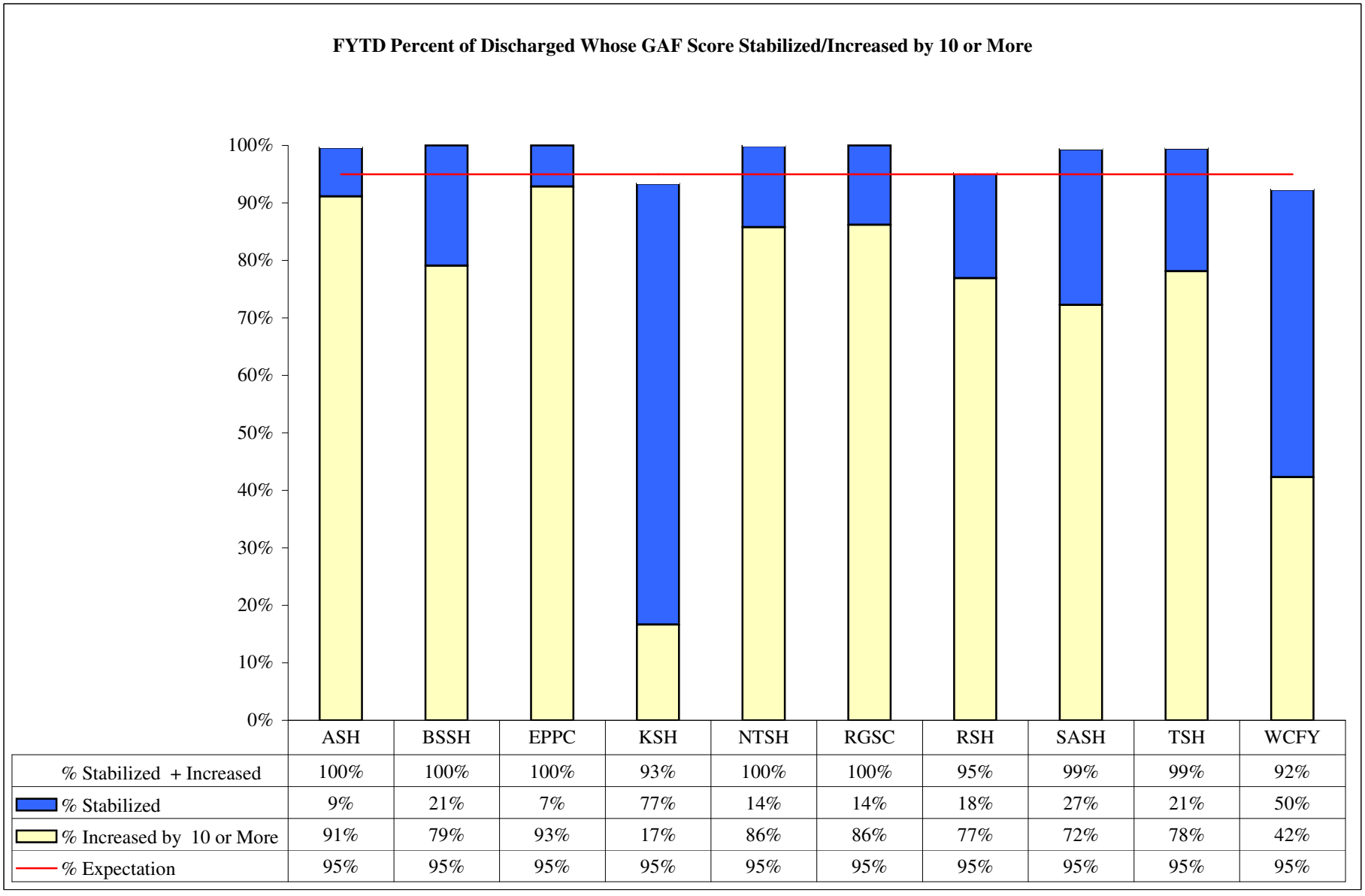
Performance Measure Data Display and Chart Description:

- Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- Chart with FYTD percent of persons discharged with specific GAF scores.
- Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 or more points.

Data Flow:



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State MH Hospitals - As of February 28, 2011



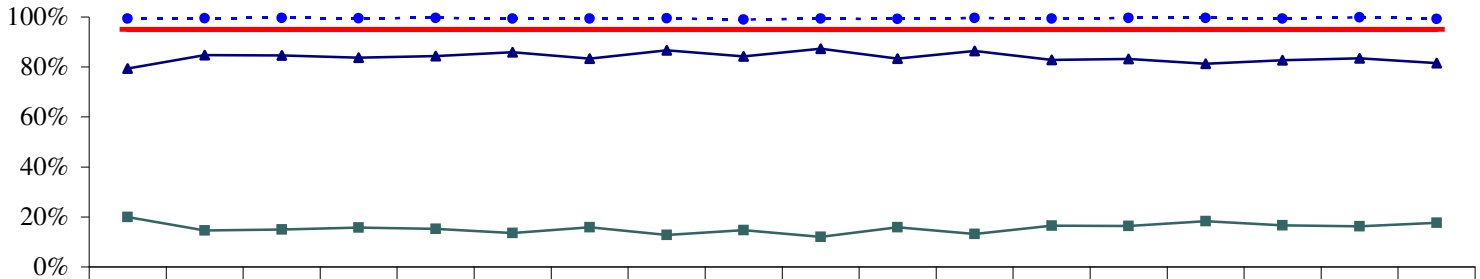
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Stabilized + Increased	100%	100%	100%	93%	100%	100%	95%	99%	99%	92%
% Stabilized	9%	21%	7%	77%	14%	14%	18%	27%	21%	50%
% Increased by 10 or More	91%	79%	93%	17%	86%	86%	77%	72%	78%	42%
% Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State MH Hospitals

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	79%	85%	85%	84%	84%	86%	83%	87%	84%	87%	83%	86%	83%	83%	81%	83%	84%	82%
% Stabilized	20%	15%	15%	16%	15%	14%	16%	13%	15%	12%	16%	13%	17%	16%	18%	17%	16%	18%
% Stabilized + Increased	99%	99%	100%	100%	100%	99%	99%	99%	99%	99%	99%	100%	99%	100%	100%	99%	100%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

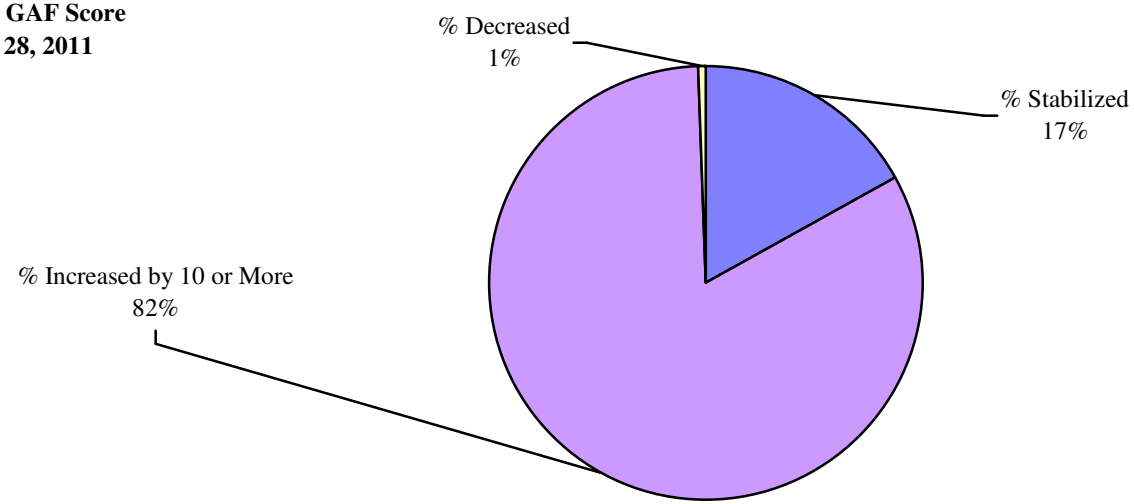
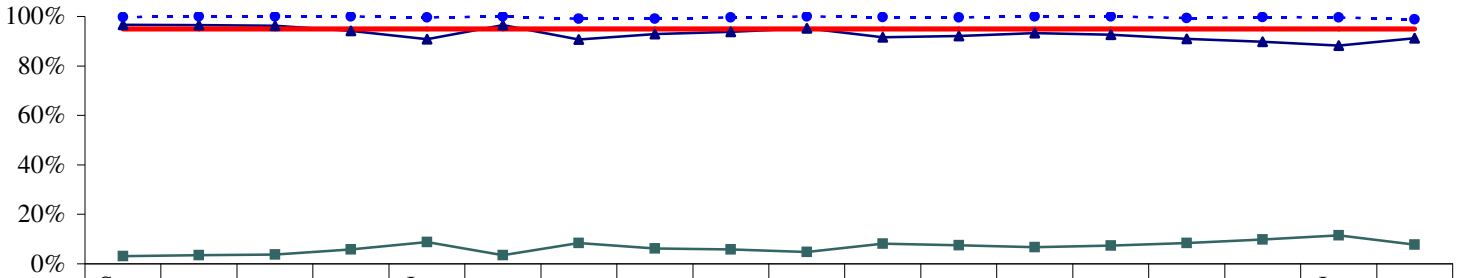


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Austin State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	97%	97%	96%	94%	91%	96%	91%	93%	94%	95%	92%	92%	93%	93%	91%	90%	88%	91%
% Stabilized	3%	4%	4%	6%	9%	4%	8%	6%	6%	5%	8%	7%	7%	7%	8%	10%	11%	8%
% Stabilized + Increased	100%	100%	100%	100%	100%	100%	99%	99%	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

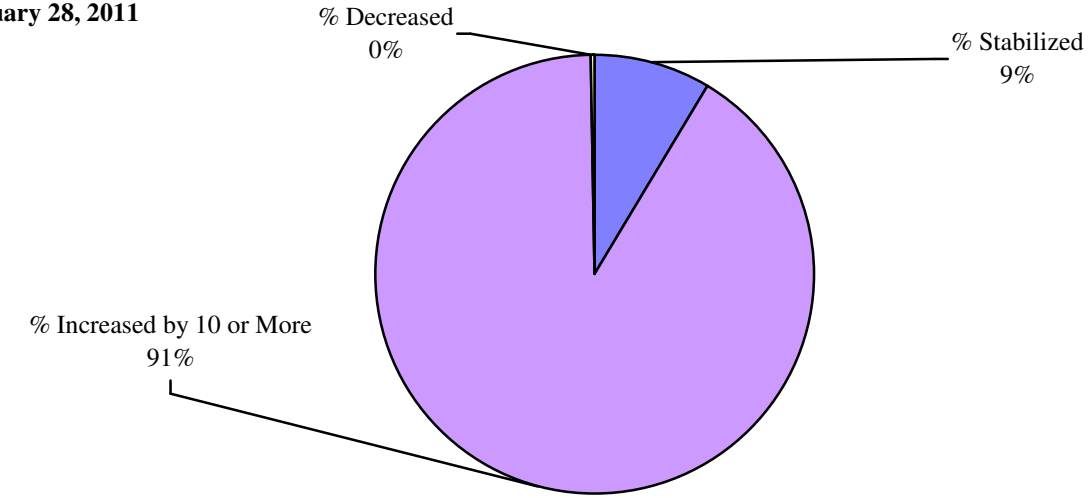
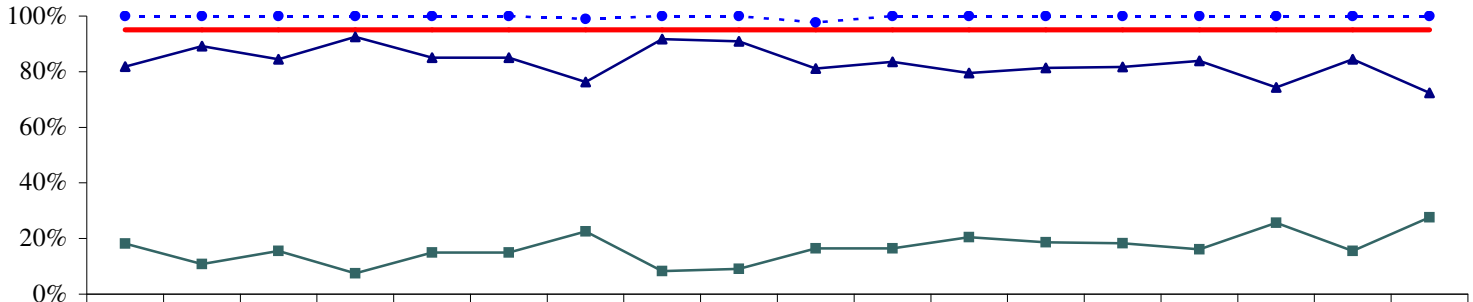


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Big Spring State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	82%	89%	85%	93%	85%	85%	76%	92%	91%	81%	84%	80%	81%	82%	84%	74%	84%	72%
% Stabilized	18%	11%	15%	7%	15%	15%	23%	8%	9%	16%	16%	20%	19%	18%	16%	26%	16%	28%
% Stabilized + Increased	100%	100%	100%	100%	100%	100%	99%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

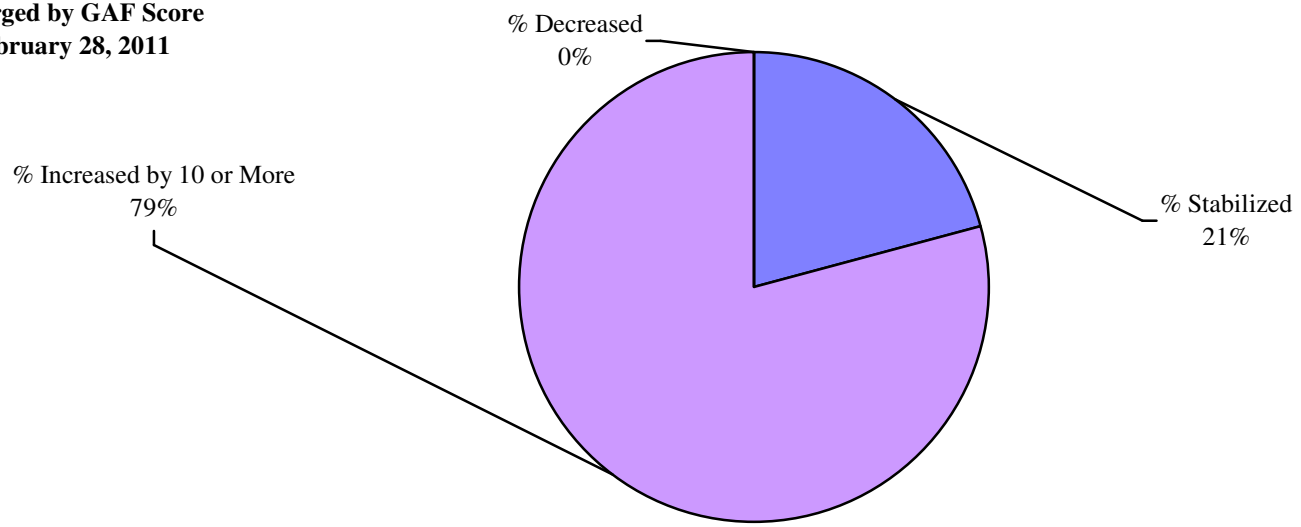
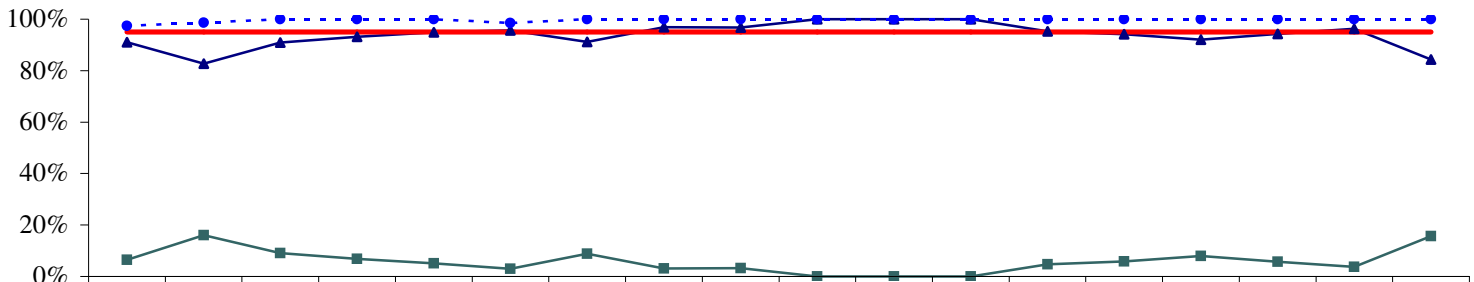


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
El Paso Psychiatric Center

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	91%	83%	91%	93%	95%	96%	91%	97%	97%	100%	100%	100%	95%	94%	92%	94%	96%	84%
% Stabilized	6%	16%	9%	7%	5%	3%	9%	3%	3%	0%	0%	0%	5%	6%	8%	6%	4%	16%
% Stabilized + Increased	97%	99%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

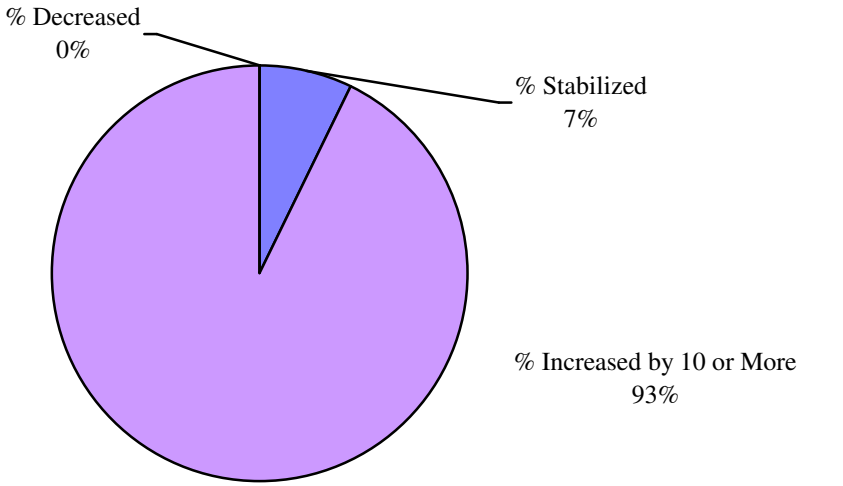
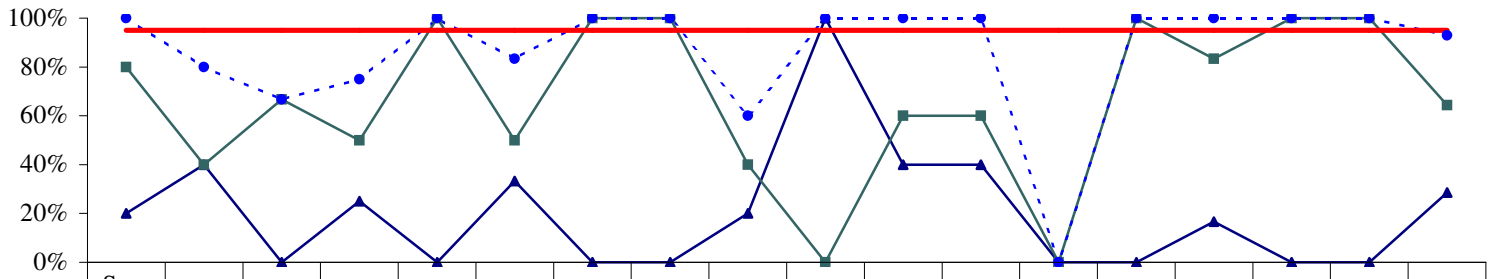


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	20%	40%	0%	25%	0%	33%	0%	0%	20%	100%	40%	40%	0%	0%	17%	0%	0%	29%
% Stabilized	80%	40%	67%	50%	100%	50%	100%	100%	40%	0%	60%	60%	0%	100%	83%	100%	100%	64%
% Stabilized + Increased	100%	80%	67%	75%	100%	83%	100%	100%	60%	100%	100%	100%	0%	100%	100%	100%	100%	93%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

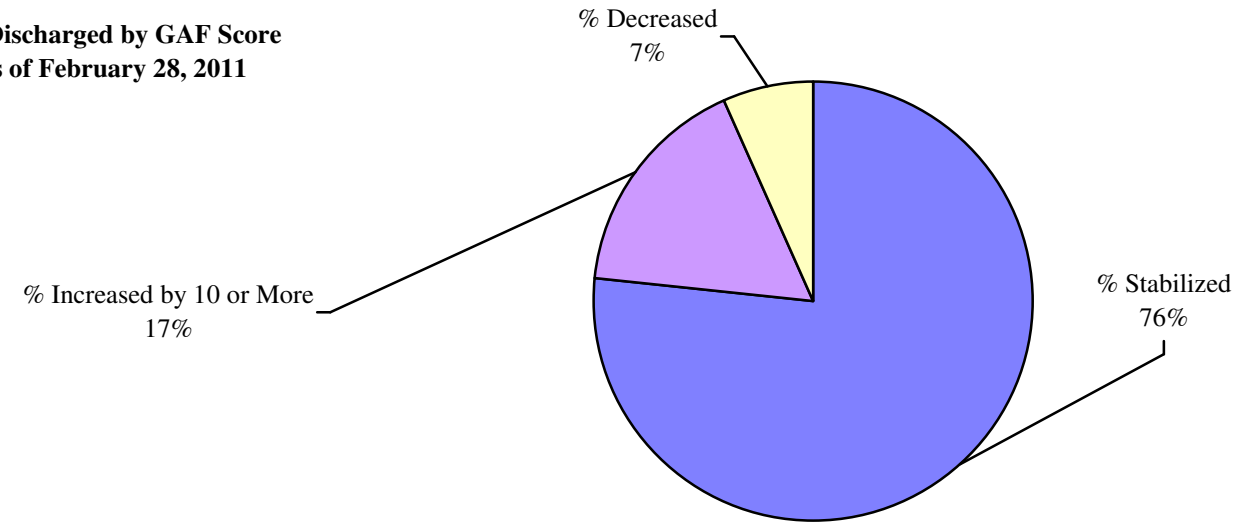
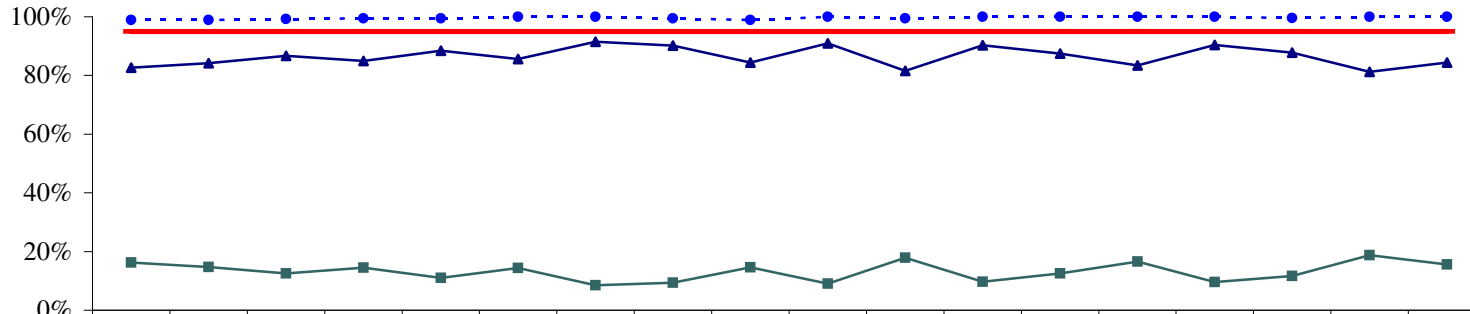


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

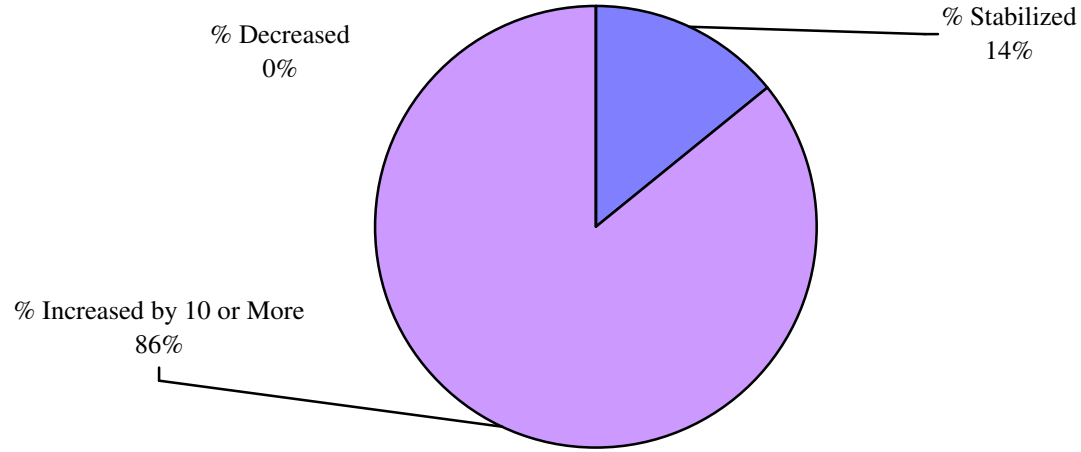
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
North Texas State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	83%	84%	87%	85%	88%	86%	92%	90%	84%	91%	82%	90%	88%	83%	90%	88%	81%	84%
% Stabilized	16%	15%	13%	15%	11%	14%	8%	9%	15%	9%	18%	10%	13%	17%	10%	12%	19%	16%
% Stabilized + Increased	99%	99%	99%	99%	99%	100%	100%	99%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

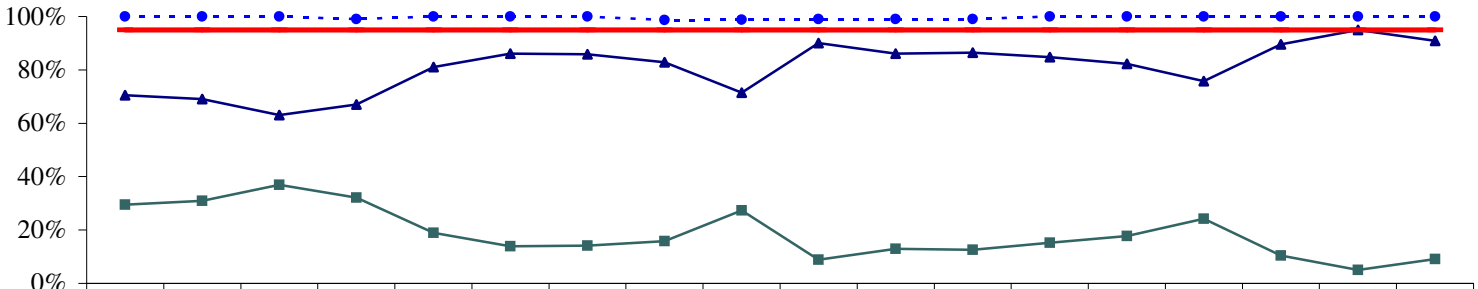


Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Chart: Hospital Management Data Services

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	71%	69%	63%	67%	81%	86%	86%	83%	71%	90%	86%	86%	85%	82%	76%	90%	95%	91%
% Stabilized	29%	31%	37%	32%	19%	14%	14%	16%	27%	9%	13%	13%	15%	18%	24%	10%	5%	9%
% Stabilized + Increased	100%	100%	100%	99%	100%	100%	100%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

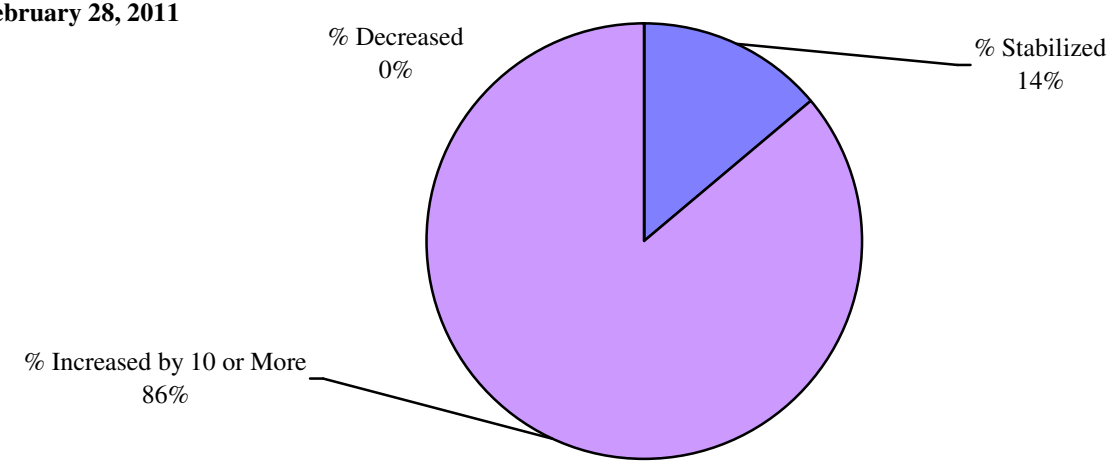


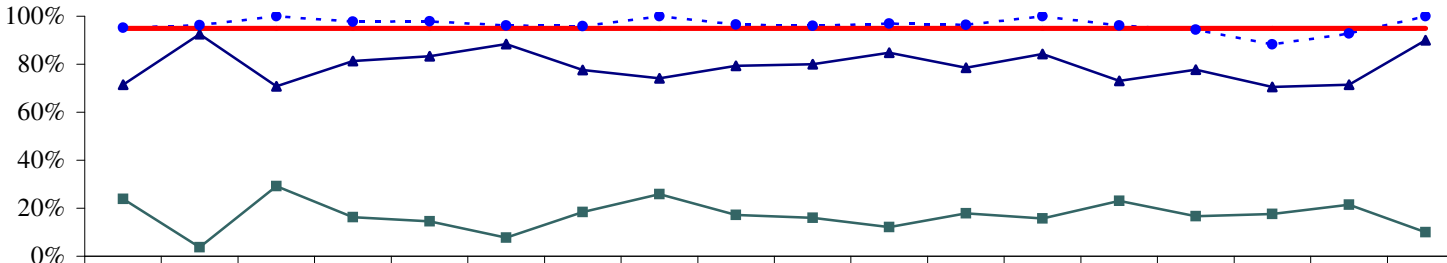
Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

Rusk State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	71%	93%	71%	81%	83%	88%	78%	74%	79%	80%	85%	79%	84%	73%	78%	71%	71%	90%
% Stabilized	24%	4%	29%	16%	15%	8%	18%	26%	17%	16%	12%	18%	16%	23%	17%	18%	21%	10%
% Stabilized + Increased	95%	96%	100%	98%	98%	96%	96%	100%	97%	96%	97%	96%	100%	96%	94%	88%	93%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

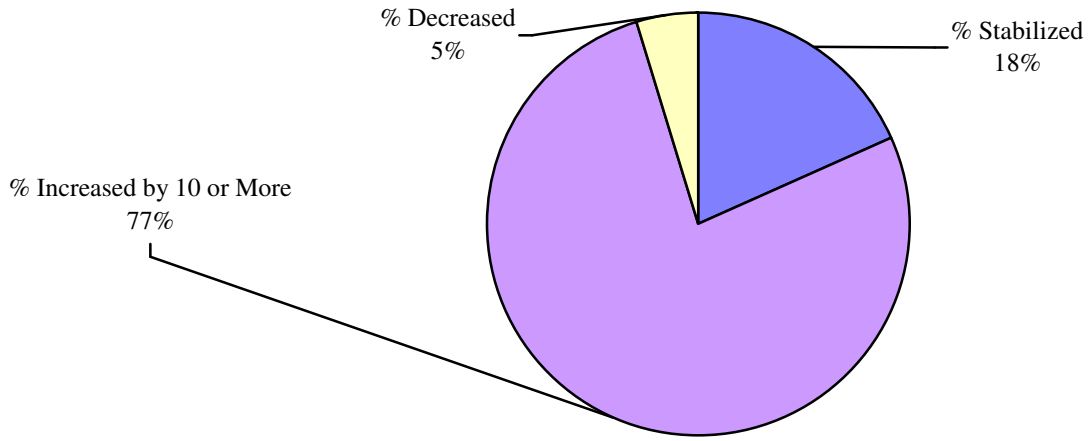
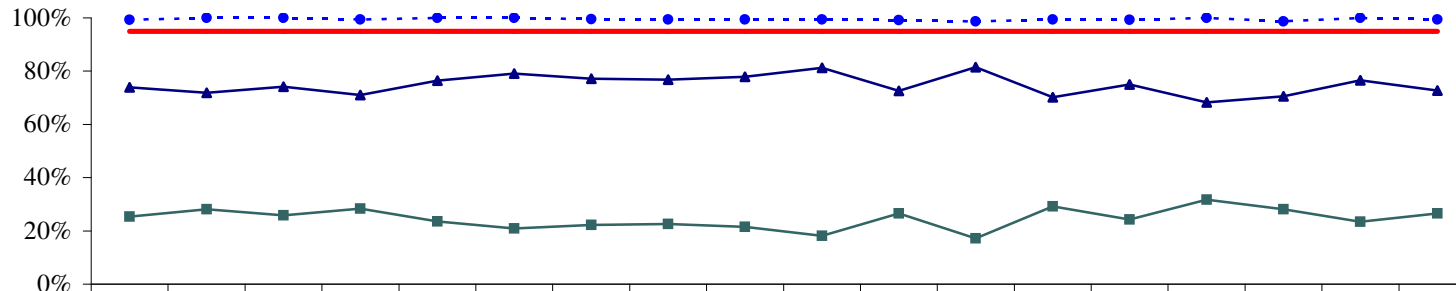


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	74%	72%	74%	71%	76%	79%	77%	77%	78%	81%	73%	82%	70%	75%	68%	71%	77%	73%
% Stabilized	25%	28%	26%	28%	24%	21%	22%	23%	22%	18%	27%	17%	29%	24%	32%	28%	23%	27%
% Stabilized + Increased	99%	100%	100%	99%	100%	100%	99%	99%	99%	99%	99%	99%	99%	99%	100%	99%	100%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

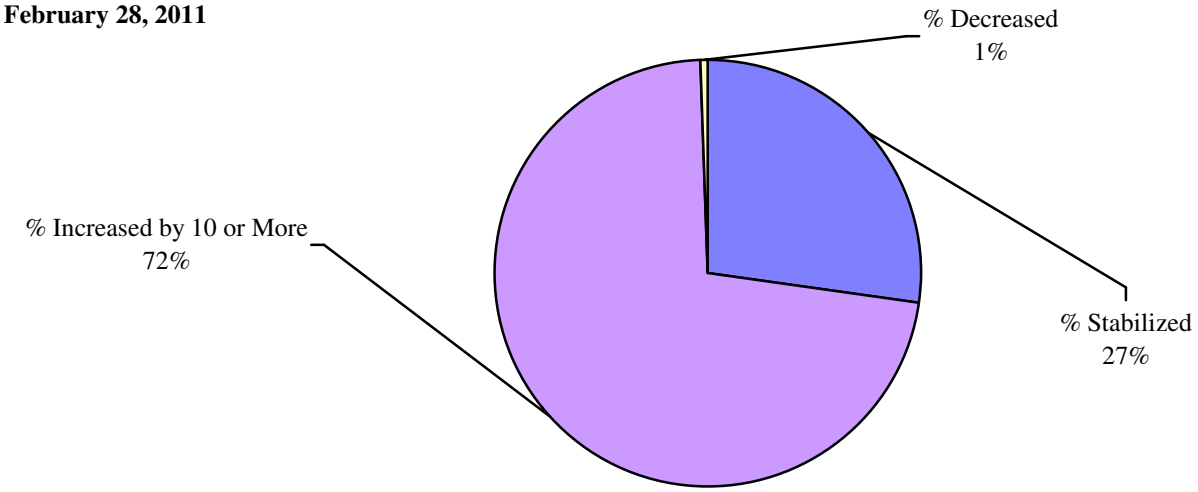
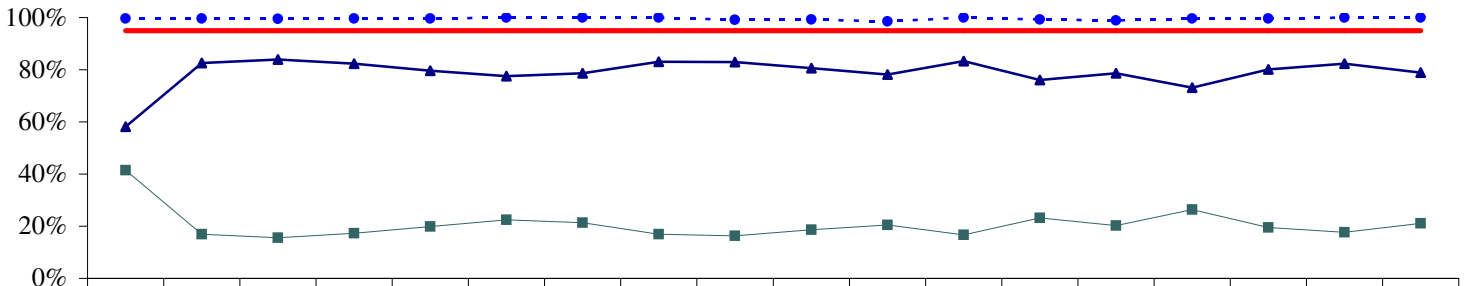


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Terrell State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	58%	83%	84%	82%	80%	78%	79%	83%	83%	81%	78%	83%	76%	79%	73%	80%	82%	79%
% Stabilized	41%	17%	16%	17%	20%	22%	21%	17%	16%	19%	20%	17%	23%	20%	26%	19%	18%	21%
% Stabilized + Increased	100%	100%	100%	100%	100%	100%	100%	100%	99%	99%	99%	100%	99%	99%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

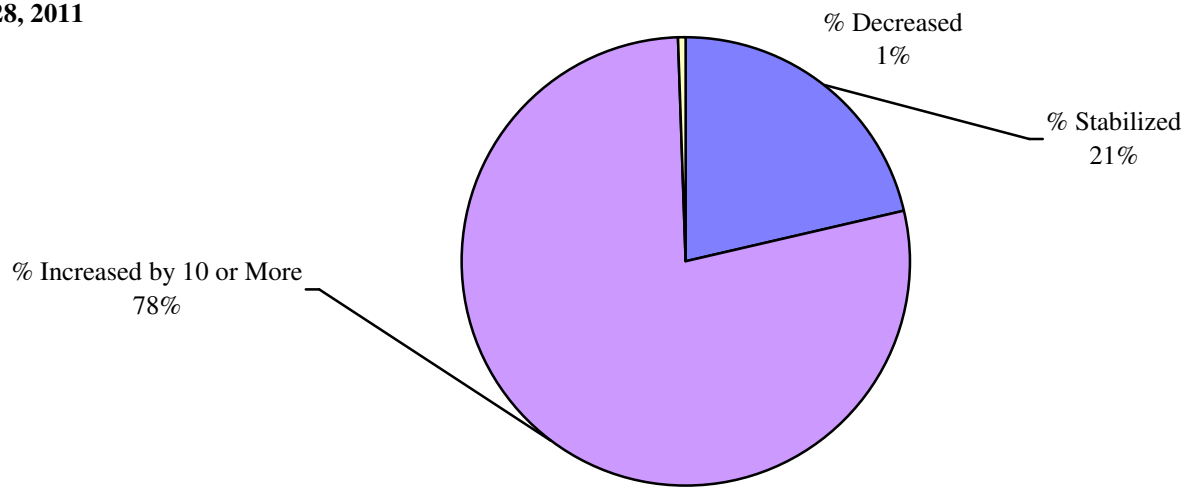
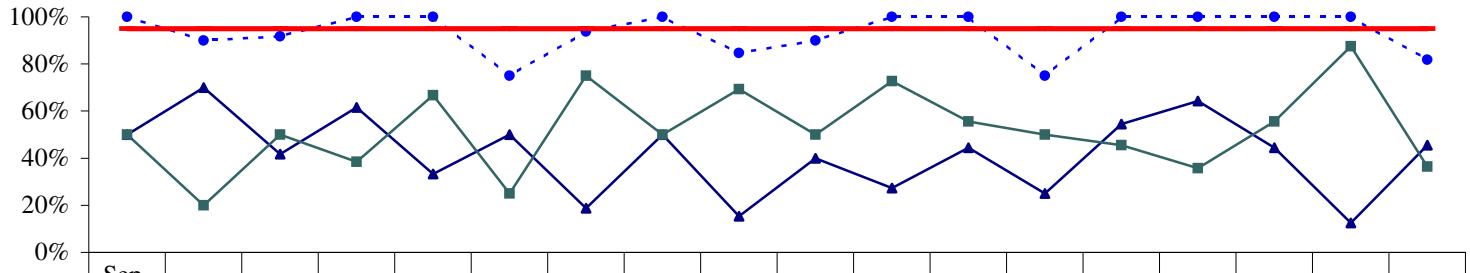


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Increased by 10 or More	50%	70%	42%	62%	33%	50%	19%	50%	15%	40%	27%	44%	25%	55%	64%	44%	13%	45%
% Stabilized	50%	20%	50%	38%	67%	25%	75%	50%	69%	50%	73%	56%	50%	45%	36%	56%	88%	36%
% Stabilized + Increased	100%	90%	92%	100%	100%	75%	94%	100%	85%	90%	100%	100%	75%	100%	100%	100%	100%	82%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 28, 2011

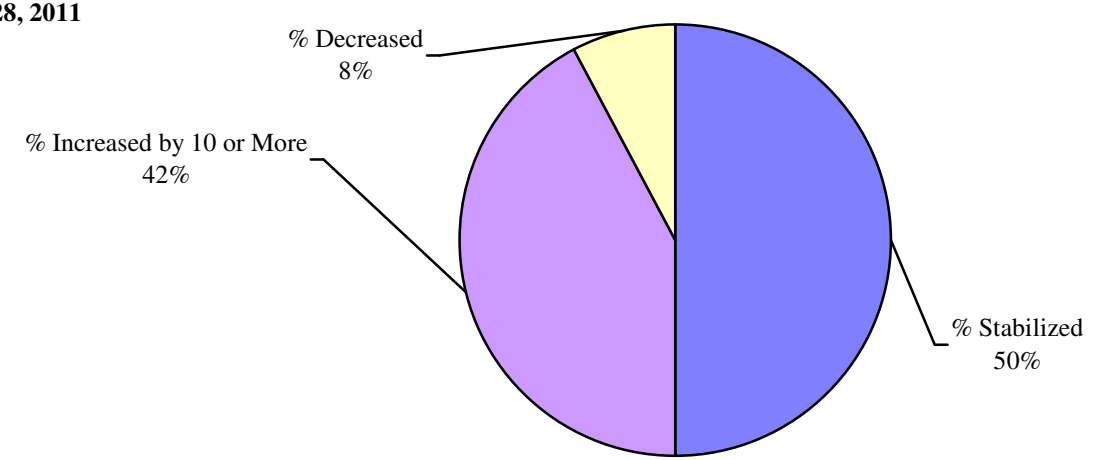


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

GOAL 4: Implement an Effective and Safe Medication Management System That Improves the Quality of Care, Treatment, and Services.

Performance Objective 4B:

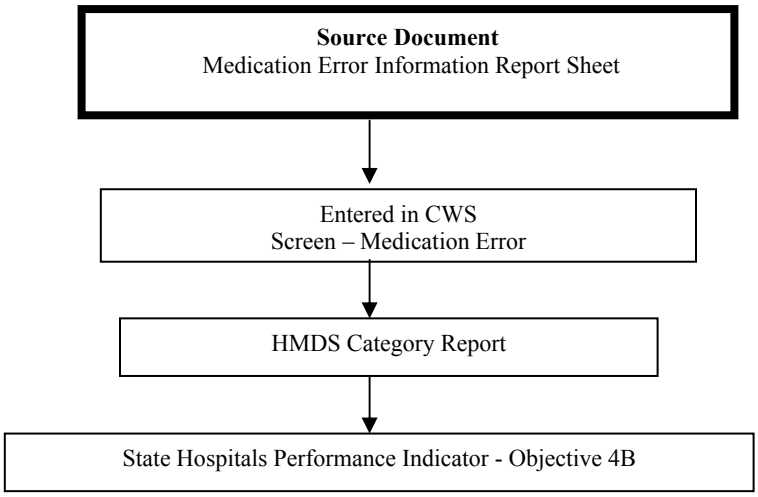
Identify, collect, aggregate, and analyze medication errors.

Performance Objective Operational Definition: The number of state hospital medication errors as documented on the Medication Error Information Report form per month.

Performance Objective Data Display and Chart Description:

- Chart with the number of medication errors causing no patient harm; causing patient harm; and causing patient death for individual state hospitals and system-wide
- Chart with the number of medication errors YTD, in each category for individual state hospitals and system-wide.
- Chart with monthly data points, for the total number of variances for individual state hospitals and system-wide.
- Chart shows number of medication errors and rate (per 1000 bed days) for individual state hospitals and system-wide.

Data Flow:



Objective 4B - Medication Variance Data
All State Hospitals

	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
AUSTIN STATE HOSPITAL														
Medication Errors	93	54	50	65	44	66	54	55	38	22	35	27	10	6
Bed Days in Month	8547	8733	7775	8631	8112	8572	8426	8545	8520	7993	8453	8028	8027	8222
Med Errors/1000 Bed Days	10.88	6.18	6.43	7.53	5.42	7.70	6.41	6.44	4.46	2.75	4.14	3.36	1.25	0.73
BIG SPRING STATE HOSPITAL														
Medication Errors	9	14	7	16	19	10	22	17	10	7	16	10	8	5
Bed Days in Month	5969	6068	5531	6080	5818	6131	5901	6101	6165	5975	6094	5873	5862	6045
Falls/1000 Bed Days	1.51	2.31	1.27	2.63	3.27	1.63	3.73	2.79	1.62	1.17	2.63	1.70	1.36	0.83
EL PASO PSYCHIATRIC CENTER														
Medication Errors	14	12	10	6	11	4	10	7	12	6	8	0	1	4
Bed Days in Month	2149	2196	1903	2140	2113	2177	2137	2220	2217	2129	2190	2151	2194	2184
Med Errors/1000 Bed Days	6.51	5.46	5.25	2.80	5.21	1.84	4.68	3.15	5.41	2.82	3.65	0.00	0.46	1.83
KERRVILLE STATE HOSPITAL														
Medication Errors	34	29	25	19	25	21	24	21	8	22	12	21	50	51
Bed Days in Month	6216	6224	5619	6191	6005	6087	6007	6172	6167	6010	6265	6023	6224	6271
Med Errors/1000 Bed Days	5.47	4.66	4.45	3.07	4.16	3.45	4.00	3.40	1.30	3.66	1.92	3.49	8.03	8.13
NORTH TEXAS STATE HOSPITAL														
Medication Errors	62	57	61	77	35	50	50	38	48	30	39	36	44	25
Bed Days in Month	18366	18092	15975	18013	17789	18347	17878	18286	18168	17844	17907	17084	17606	17774
Med Errors/1000 Bed Days	3.38	3.15	3.82	4.27	1.97	2.73	2.80	2.08	2.64	1.68	2.18	2.11	2.50	1.41
RIO GRANDE STATE CENTER														
Medication Errors	40	20	7	11	9	4	8	9	22	67	50	22	16	10
Bed Days in Month	1541	1644	1489	1639	1597	1615	1522	1573	1581	1499	1627	1529	1628	1604
Med Errors/1000 Bed Days	25.96	12.17	4.70	6.71	5.64	2.48	5.26	5.72	13.92	44.70	30.73	14.39	9.83	6.23
RUSK STATE HOSPITAL														
Medication Errors	12	11	8	9	16	11	7	3	15	8	4	5	13	5
Bed Days in Month	9482	9443	8612	9462	9157	9455	9125	9432	9263	9066	9419	9177	9255	9367
Med Errors/1000 Bed Days	1.27	1.16	0.93	0.95	1.75	1.16	0.77	0.32	1.62	0.88	0.42	0.54	1.40	0.53
SAN ANTONIO STATE HOSPITAL														
Medication Errors	9	9	8	14	3	5	6	4	5	5	5	5	2	6
Bed Days in Month	8359	8316	7509	8434	8340	8726	8280	8486	8348	8344	8711	8328	8432	8560
Med Errors/1000 Bed Days	1.08	1.08	1.07	1.66	0.36	0.57	0.72	0.47	0.60	0.60	0.57	0.60	0.24	0.70
TERRELL STATE HOSPITAL														
Medication Errors	7	1	5	7	7	7	9	8	8	1	1	0	0	0
Bed Days in Month	9415	9647	8536	9521	9375	9686	9327	9452	9581	9152	9496	9186	9222	9289
Med Errors/1000 Bed Days	0.74	0.10	0.59	0.74	0.75	0.72	0.96	0.85	0.83	0.11	0.11	0.00	0.00	0.00

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

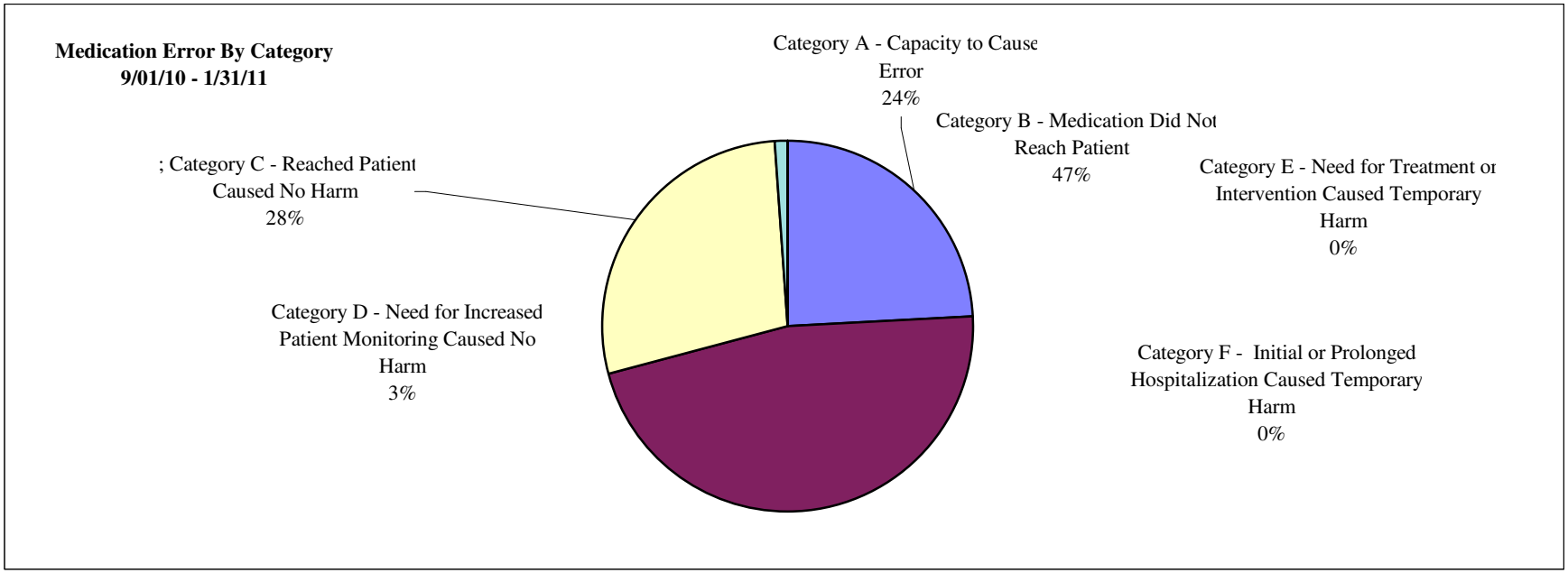
Objective 4B - Medication Variance Data
All State Hospitals

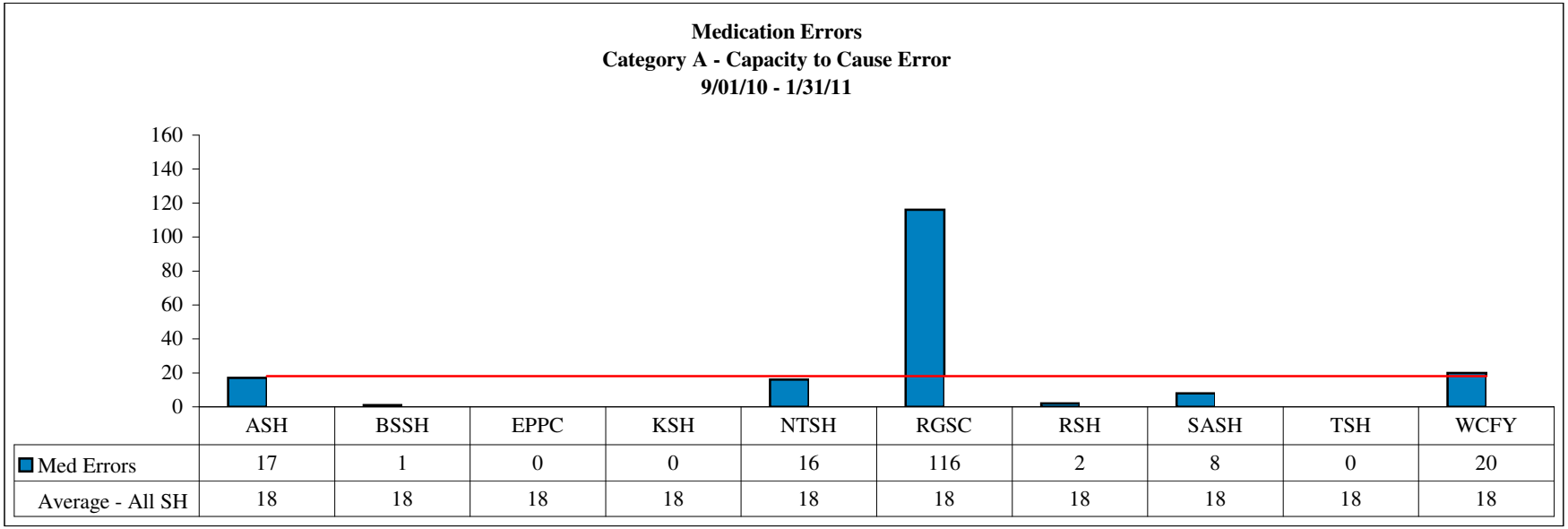
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
WACO CENTER FOR YOUTH														
Medication Errors	5	22	17	22	32	19	4	10	6	15	4	4	2	0
Bed Days in Month	1961	2126	2103	2189	2056	2271	2240	2256	2274	2200	2367	2232	2068	2256
Med Errors/1000 Bed Days	2.55	10.35	8.08	10.05	15.56	8.37	1.79	4.43	2.64	6.82	1.69	1.79	0.97	0.00
TEXAS CENTER FOR INFECTIOUS DISEASE														
Medication Errors	5	8	0	1	4	2	1	0	1	2	2	1	1	3
Bed Days in Month	1014	1029	948	1081	1124	1164	1058	1127	1212	1217	1274	1187	1101	1025
Med Errors/1000 Bed Days	4.93	7.77	0.00	0.93	3.56	1.72	0.95	0.00	0.83	1.64	1.57	0.84	0.91	2.93
ALL STATE HOSPITALS														
Medication Errors	290	237	198	247	205	199	195	172	173	185	176	131	147	115
Bed Days in Month	73019	73518	66000	73381	71486	74231	71901	73650	73496	71429	73803	70798	71619	72597
Med Errors/1000 Bed Days	3.97	3.22	3.00	3.37	2.87	2.68	2.71	2.34	2.35	2.59	2.38	1.85	2.05	1.58

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
All State MH Hospitals





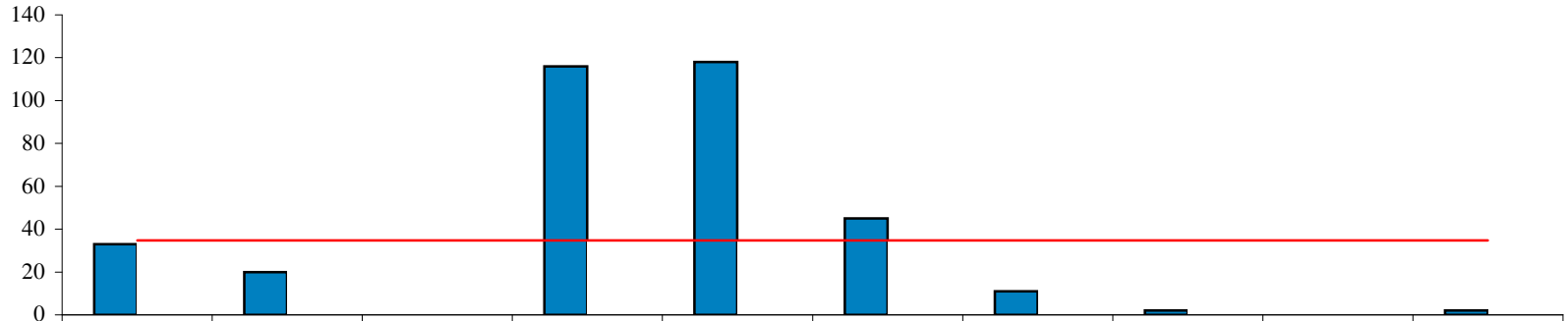
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	17	1	0	0	16	116	2	8	0	20
Average - All SH	18	18	18	18	18	18	18	18	18	18

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

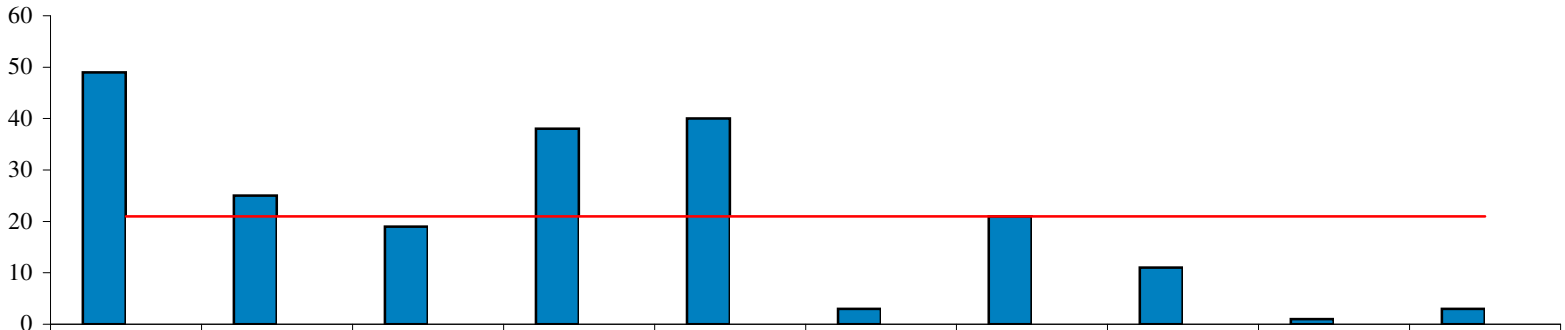
Objective 4B - Medication Variance Data
All State MH Hospitals

Medication Errors
Category B - Medication Did Not Reach Patient
9/01/10 - 1/31/11



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	33	20	0	116	118	45	11	2	0	2
Average - All SH	35	35	35	35	35	35	35	35	35	35

Medication Errors
Category C - Reach Patient, Caused No Harm
9/01/10 - 1/31/11



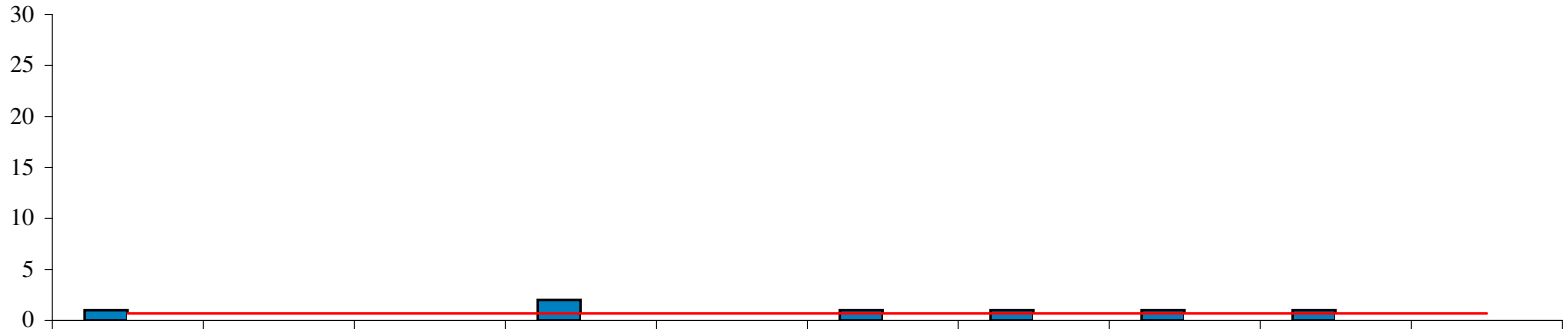
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	49	25	19	38	40	3	21	11	1	3
Average - All SH	21	21	21	21	21	21	21	21	21	21

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

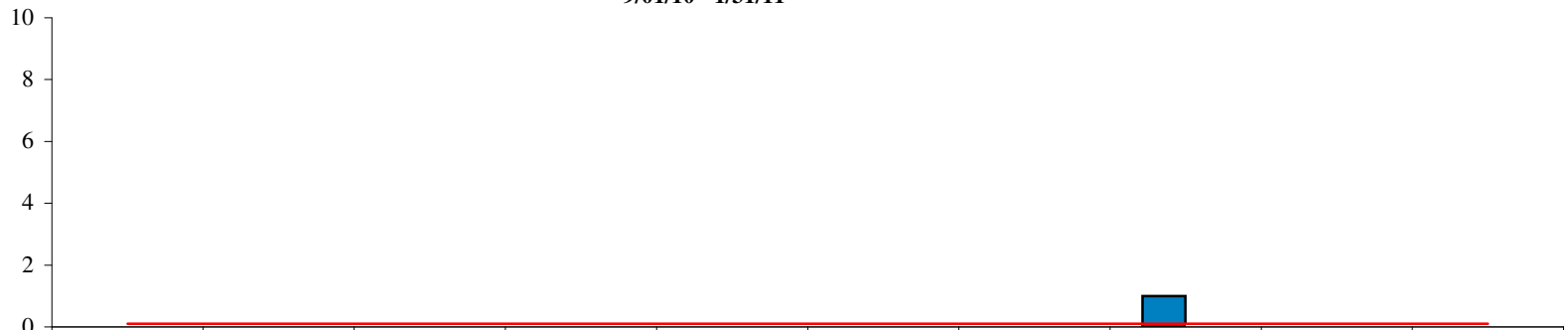
Objective 4B - Medication Variance Data
All State MH Hospitals

Medication Errors
Category D - Need for Increased Patient Monitoring: Caused No Harm
9/01/10 - 1/31/11



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	1	0	0	2	0	1	1	1	1	0
Average - All SH	1	1	1	1	1	1	1	1	1	1

Medication Errors
Category E - Need for Treatment or Intervention: Caused Temporary Harm
Category F - Initial or Prolonged Hospitalization: Caused Temporary Harm
9/01/10 - 1/31/11

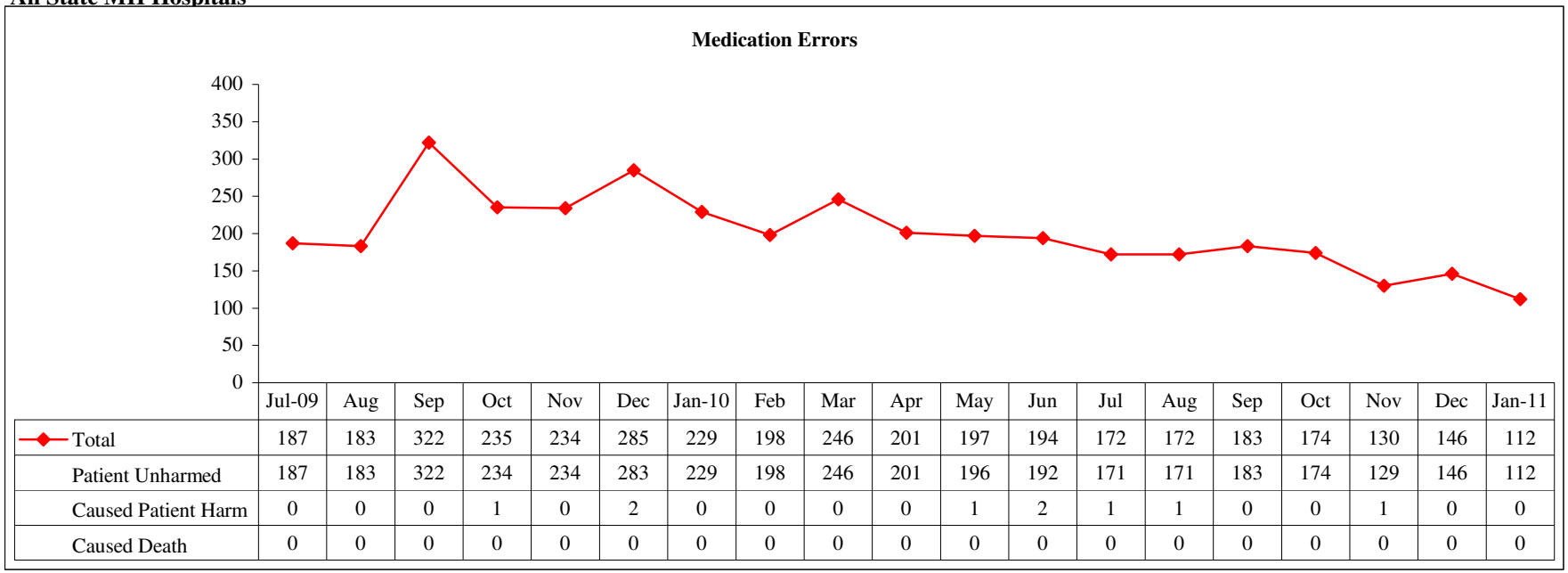


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	0	0	0	0	0	0	0	1	0	0
Average - All SH	0	0	0	0	0	0	0	0	0	0

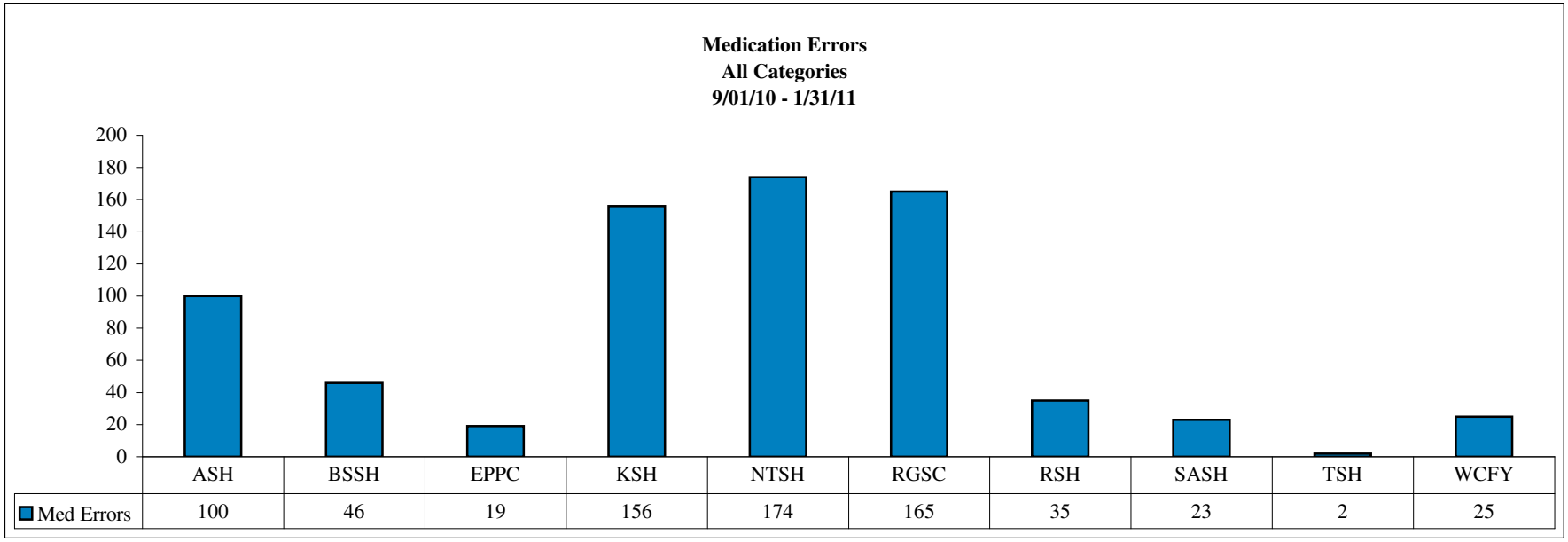
Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
All State MH Hospitals



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	187	183	322	235	234	285	229	198	246	201	197	194	172	172	183	174	130	146	112
Patient Unharmed	187	183	322	234	234	283	229	198	246	201	196	192	171	171	183	174	129	146	112
Caused Patient Harm	0	0	0	1	0	2	0	0	0	0	1	2	1	1	0	0	1	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

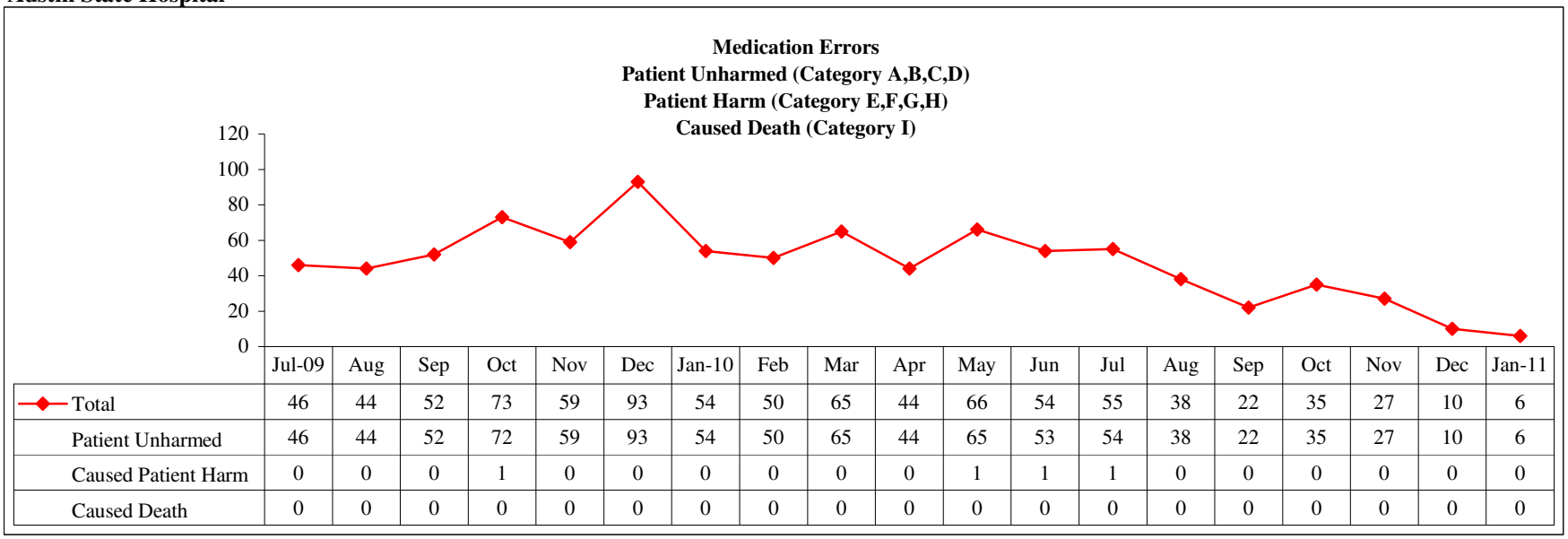


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	100	46	19	156	174	165	35	23	2	25

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Austin State Hospital



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	46	44	52	73	59	93	54	50	65	44	66	54	55	38	22	35	27	10	6
Patient Unharmed	46	44	52	72	59	93	54	50	65	44	65	53	54	38	22	35	27	10	6
Caused Patient Harm	0	0	0	1	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

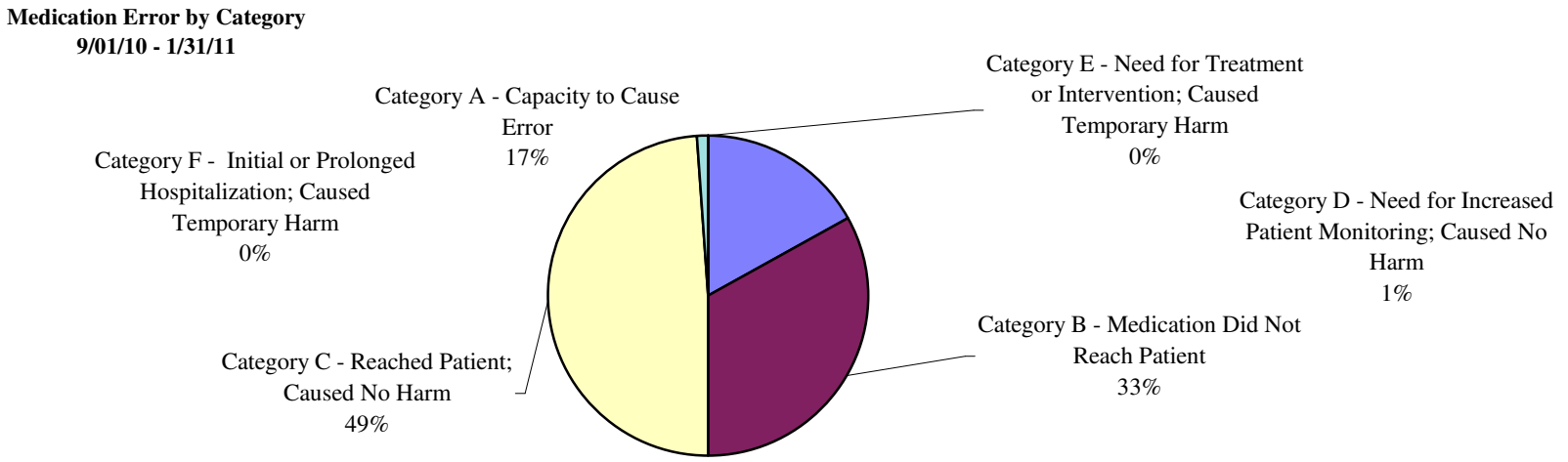
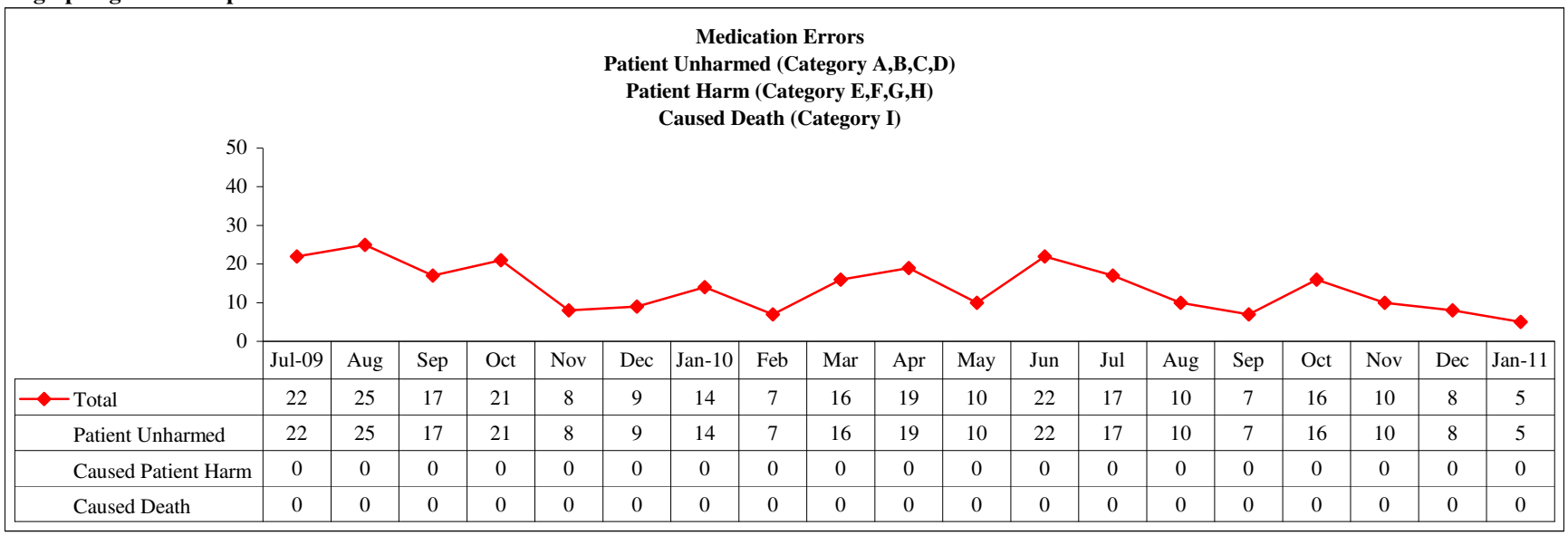


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Big Spring State Hospital



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	22	25	17	21	8	9	14	7	16	19	10	22	17	10	7	16	10	8	5
Patient Unharmed	22	25	17	21	8	9	14	7	16	19	10	22	17	10	7	16	10	8	5
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

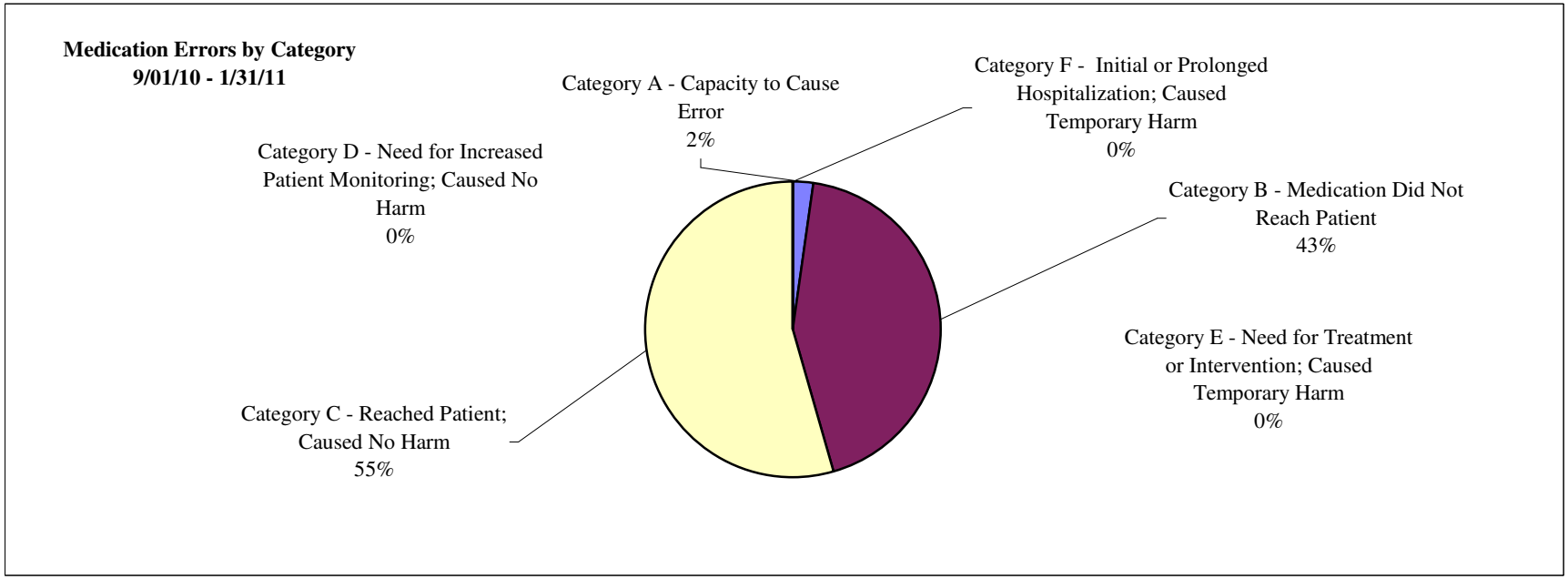
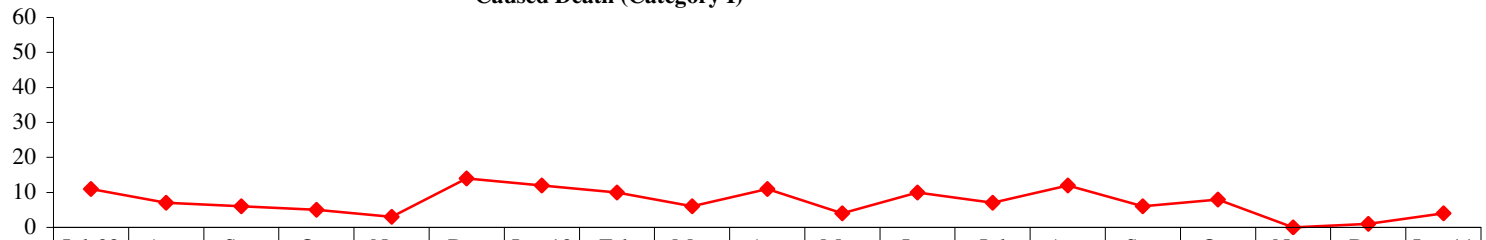


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
El Paso Psychiatric Center

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	11	7	6	5	3	14	12	10	6	11	4	10	7	12	6	8	0	1	4
Patient Unharmed	11	7	6	5	3	14	12	10	6	11	4	10	7	12	6	8	0	1	4
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error by Category
9/01/10 - 1/31/11

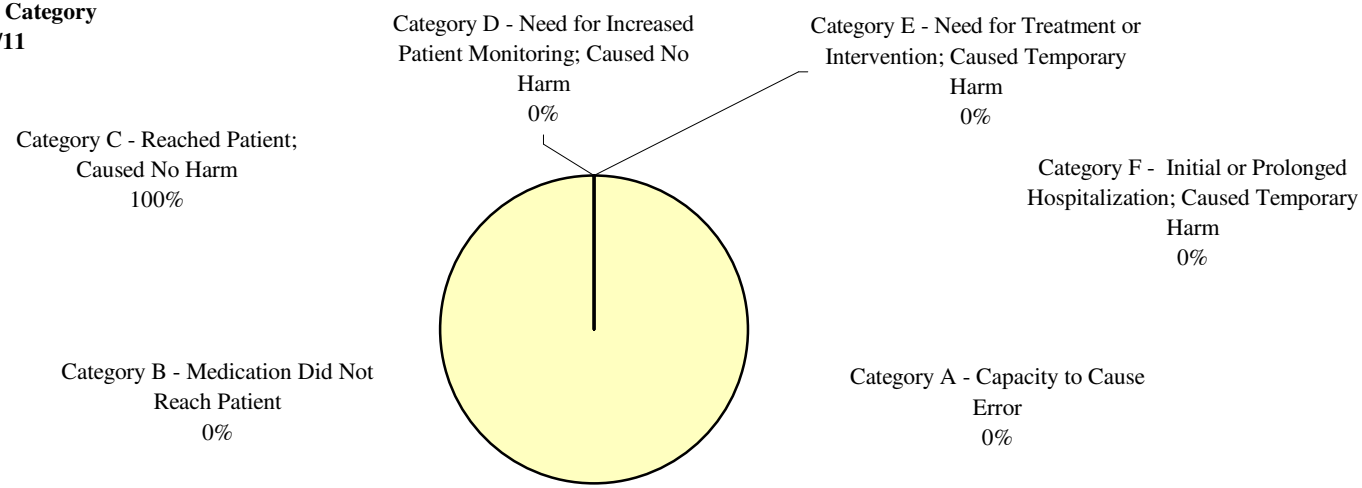
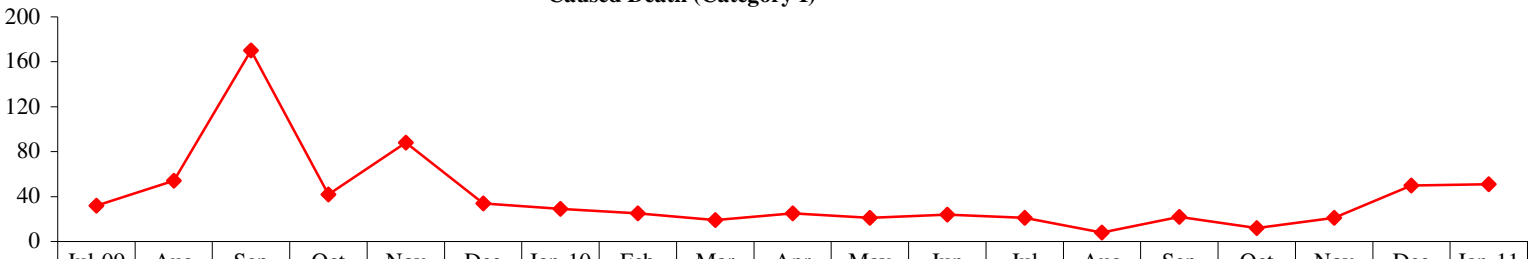


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Kerrville State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	32	54	170	42	88	34	29	25	19	25	21	24	21	8	22	12	21	50	51
Patient Unharmed	32	54	170	42	88	34	29	25	19	25	21	24	21	8	22	12	21	50	51
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error by Category
9/01/10 - 1/31/11

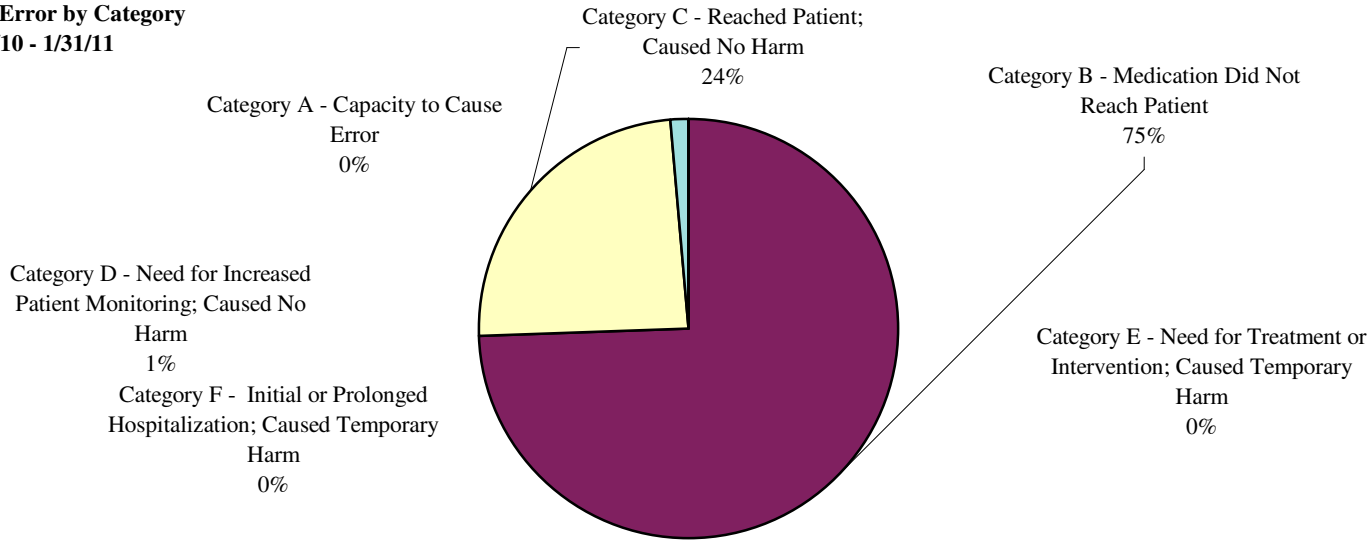
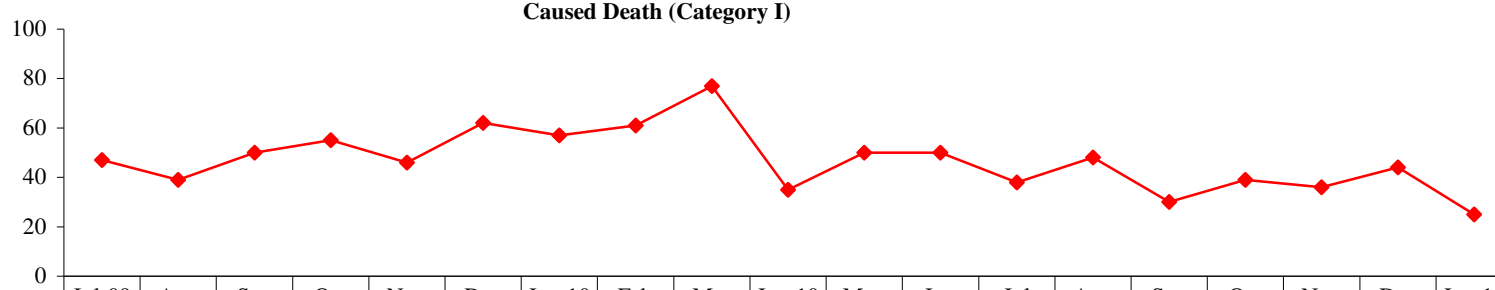


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
North Texas State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Jan-10	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	47	39	50	55	46	62	57	61	77	35	50	50	38	48	30	39	36	44	25
Patient Unharmed	47	39	50	55	46	61	57	61	77	35	50	50	38	48	30	39	36	44	25
Caused Patient Harm	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error by Category
9/01/10 - 1/31/11

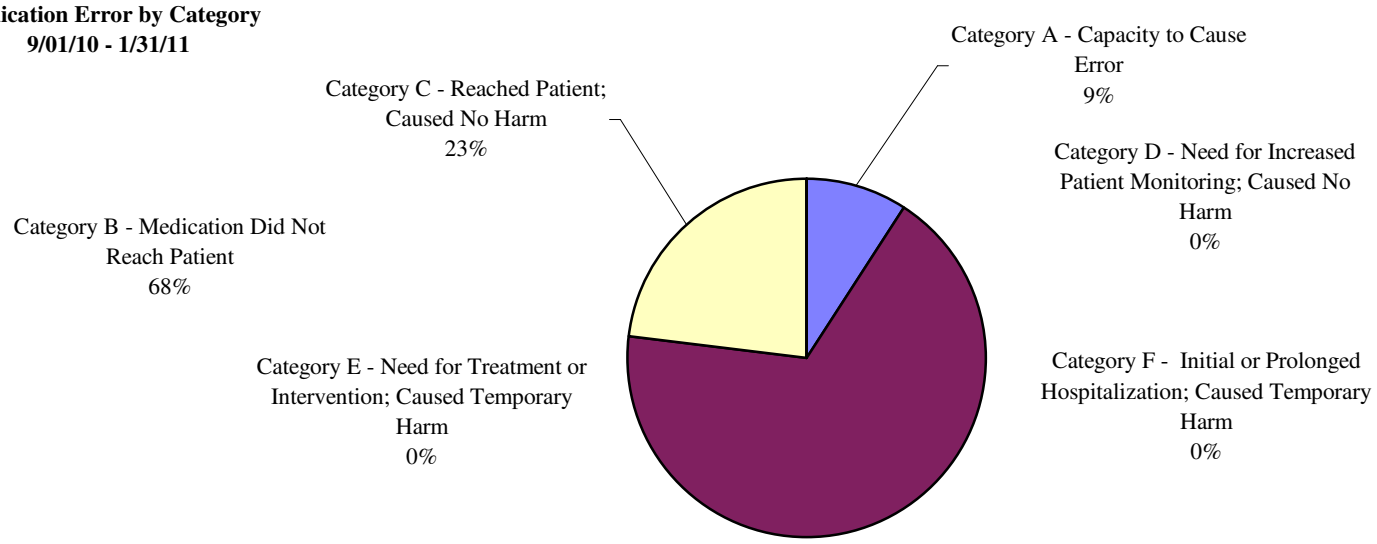
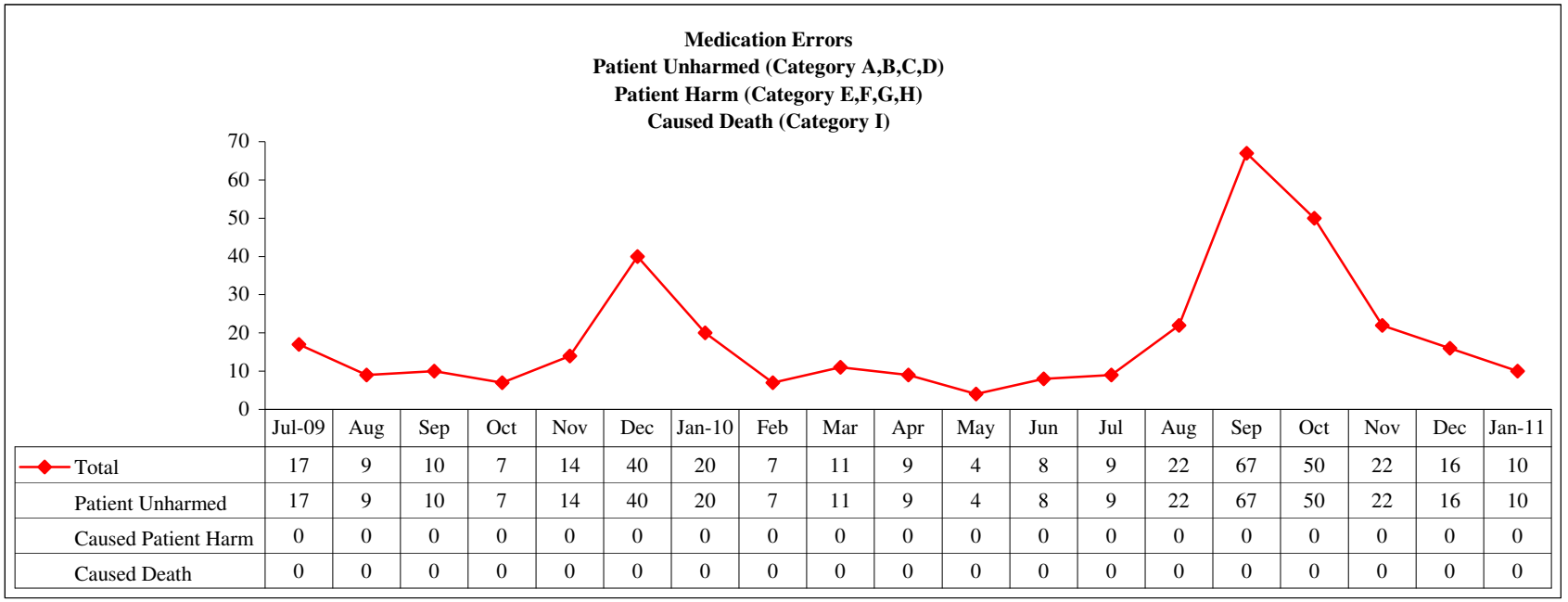


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Rio Grande State Center



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	17	9	10	7	14	40	20	7	11	9	4	8	9	22	67	50	22	16	10
Patient Unharmed	17	9	10	7	14	40	20	7	11	9	4	8	9	22	67	50	22	16	10
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

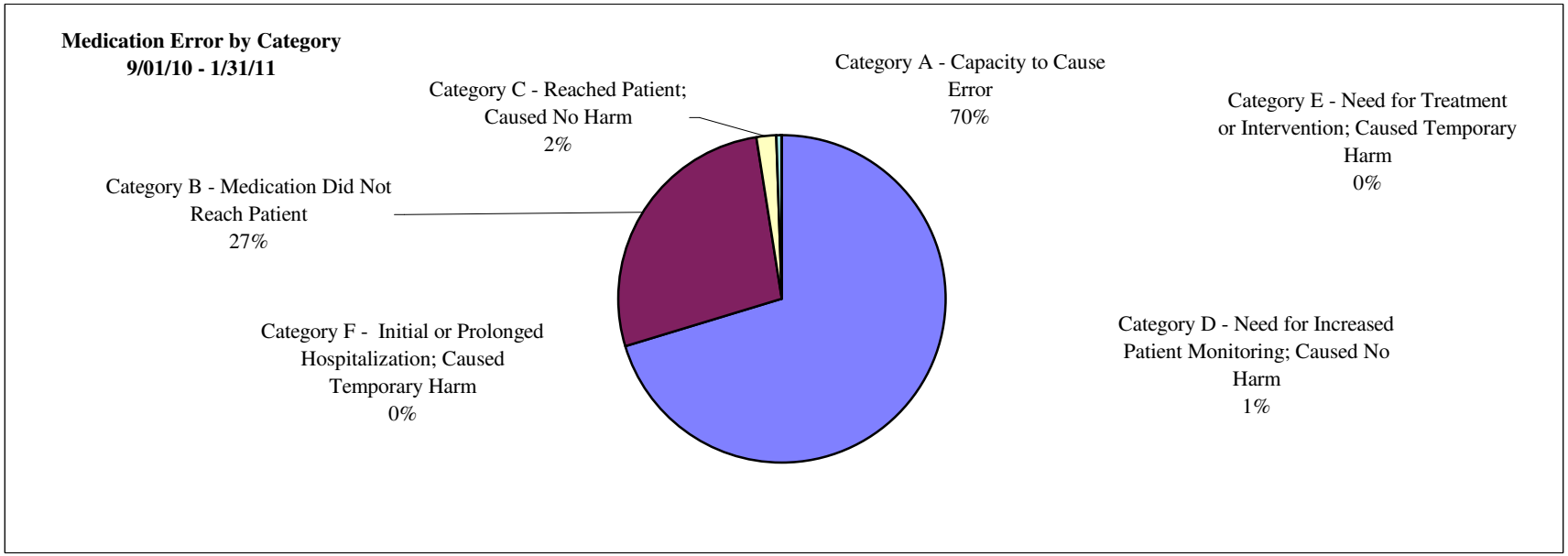
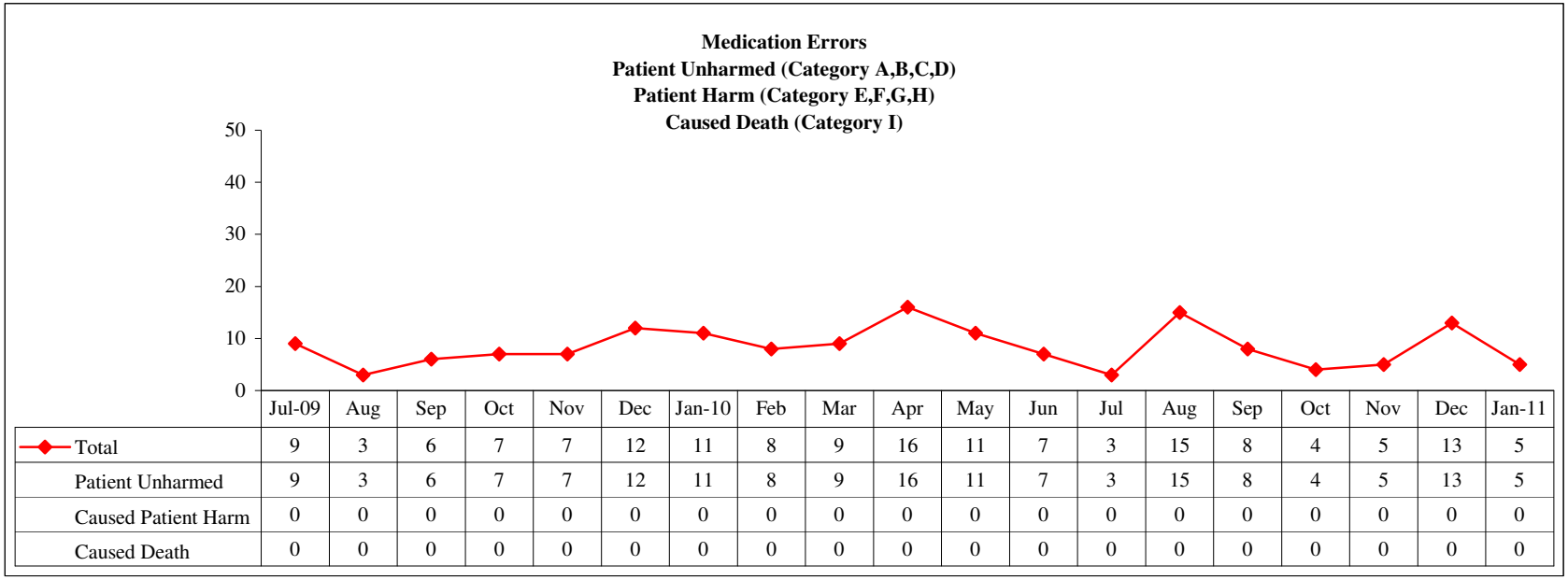


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Rusk State Hospital



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	9	3	6	7	7	12	11	8	9	16	11	7	3	15	8	4	5	13	5
Patient Unharmed	9	3	6	7	7	12	11	8	9	16	11	7	3	15	8	4	5	13	5
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

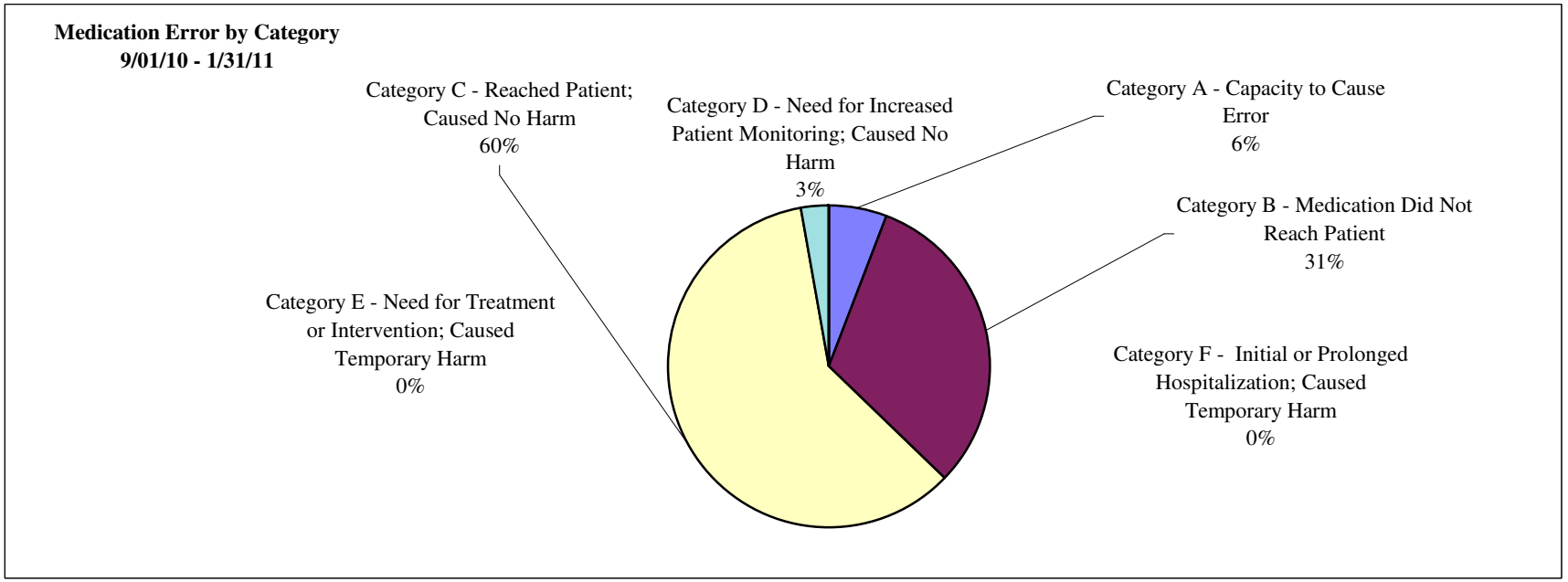
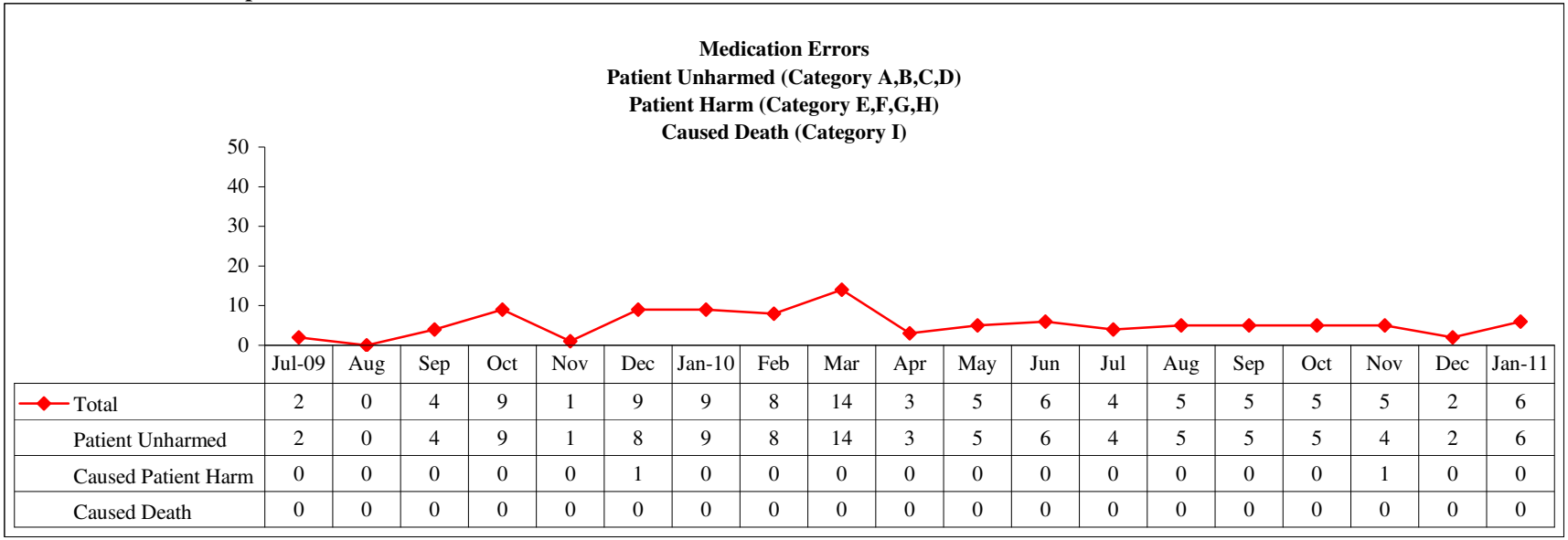


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
San Antonio State Hospital



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	2	0	4	9	1	9	9	8	14	3	5	6	4	5	5	5	5	2	6
Patient Unharmed	2	0	4	9	1	8	9	8	14	3	5	6	4	5	5	5	4	2	6
Caused Patient Harm	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

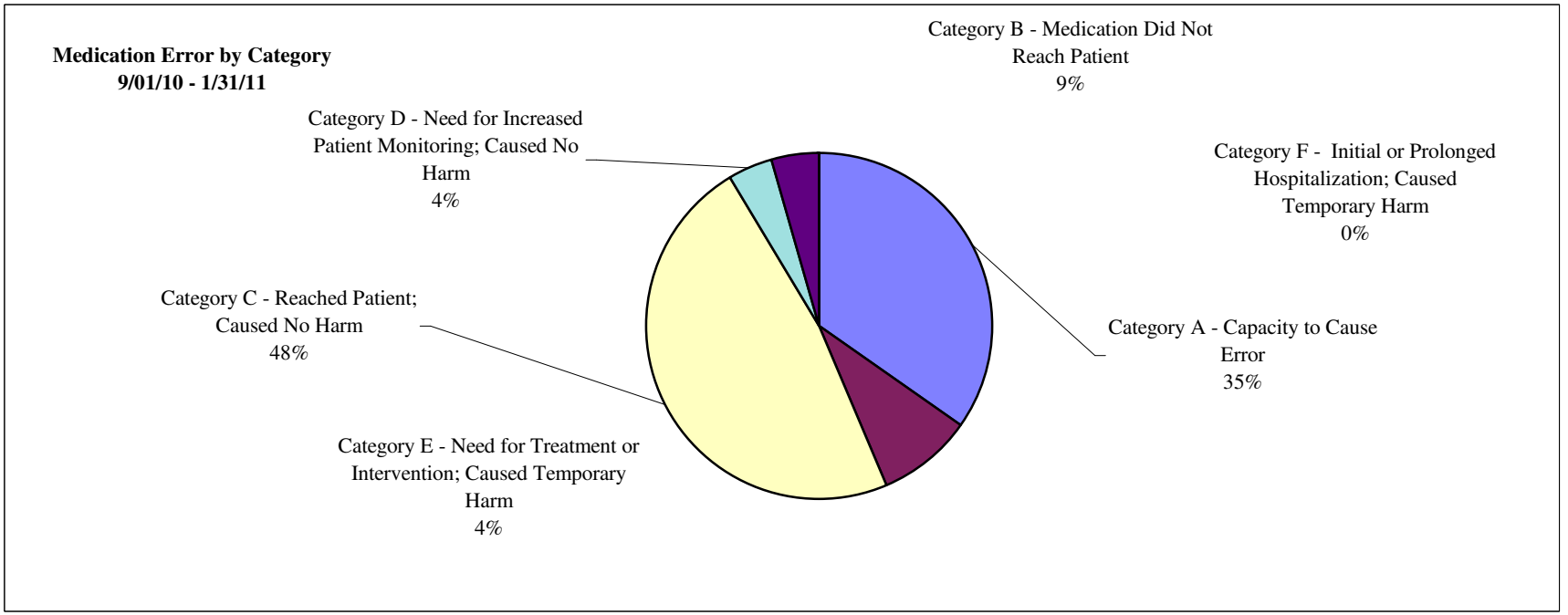
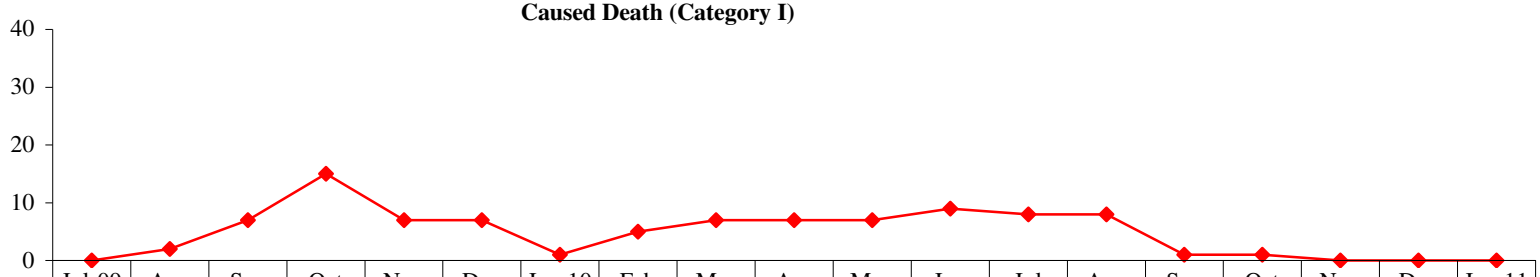


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Terrell State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	0	2	7	15	7	7	1	5	7	7	7	9	8	8	1	1	0	0	0
Patient Unharmed	0	2	7	15	7	7	1	5	7	7	7	8	8	8	1	1	0	0	0
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error by Category
9/01/10 - 1/31/11

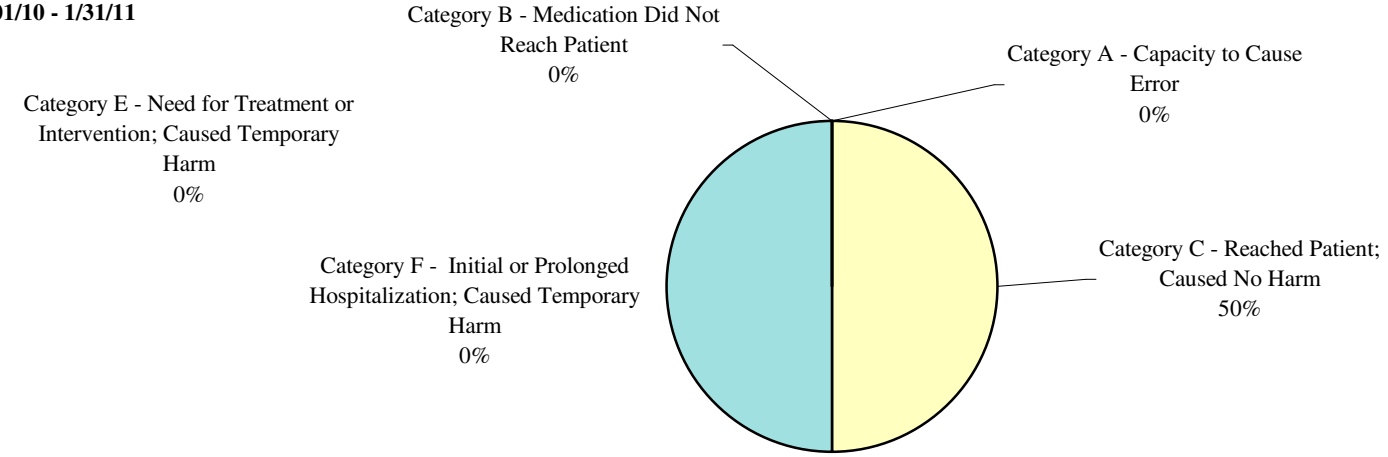
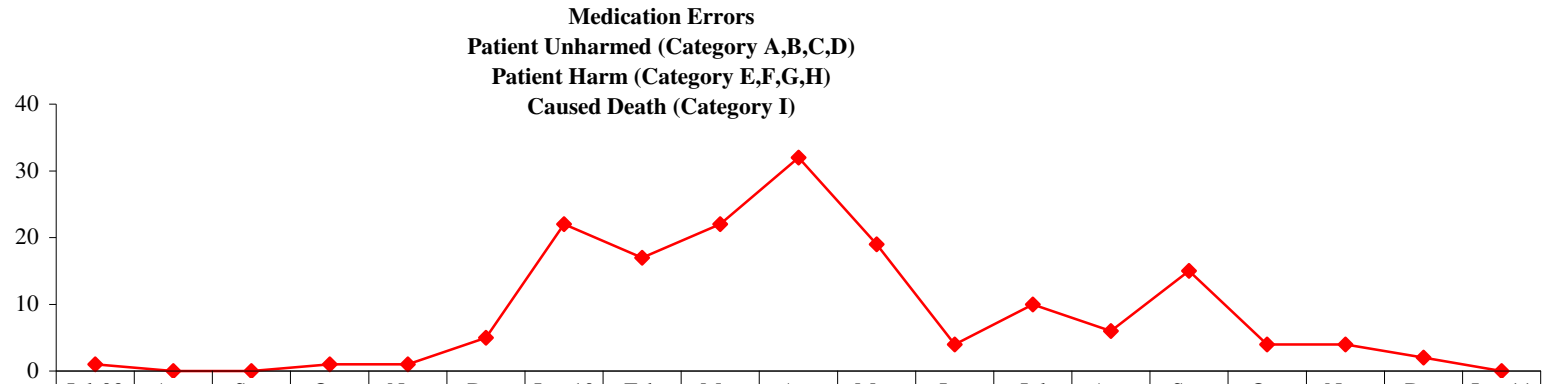


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Waco Center for Youth



	Jul-09	Aug	Sep	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11
Total	1	0	0	1	1	5	22	17	22	32	19	4	10	6	15	4	4	2	0
Patient Unharmed	1	0	0	1	1	5	22	17	22	32	19	4	10	5	15	4	4	2	0
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

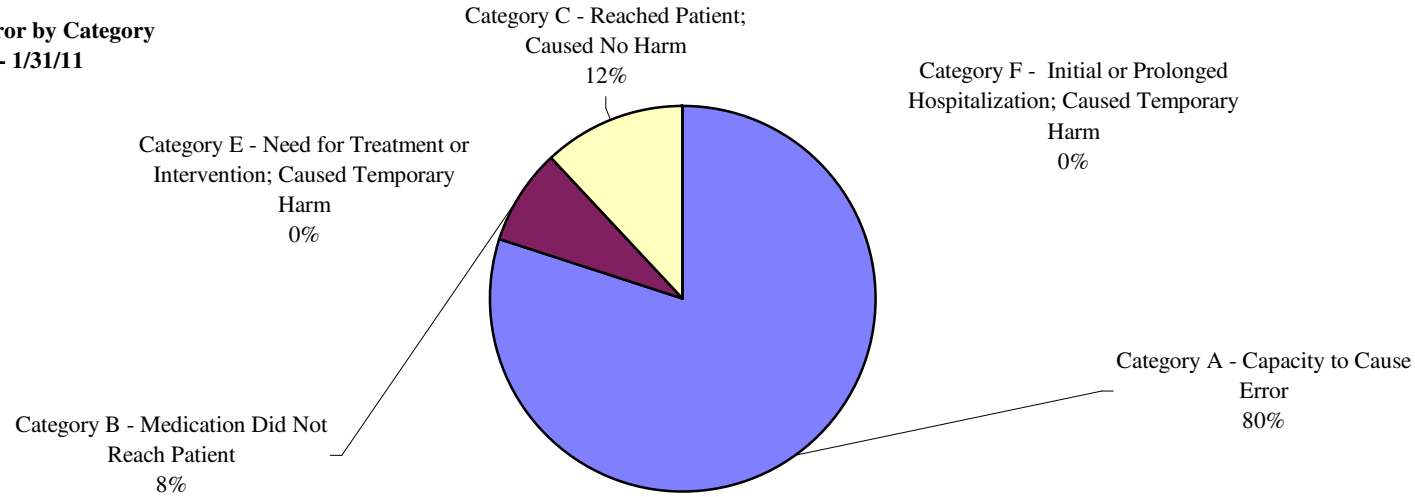


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Performance Measure 4A:

Analyze and report the number of patients receiving new generation atypical antipsychotic medication.

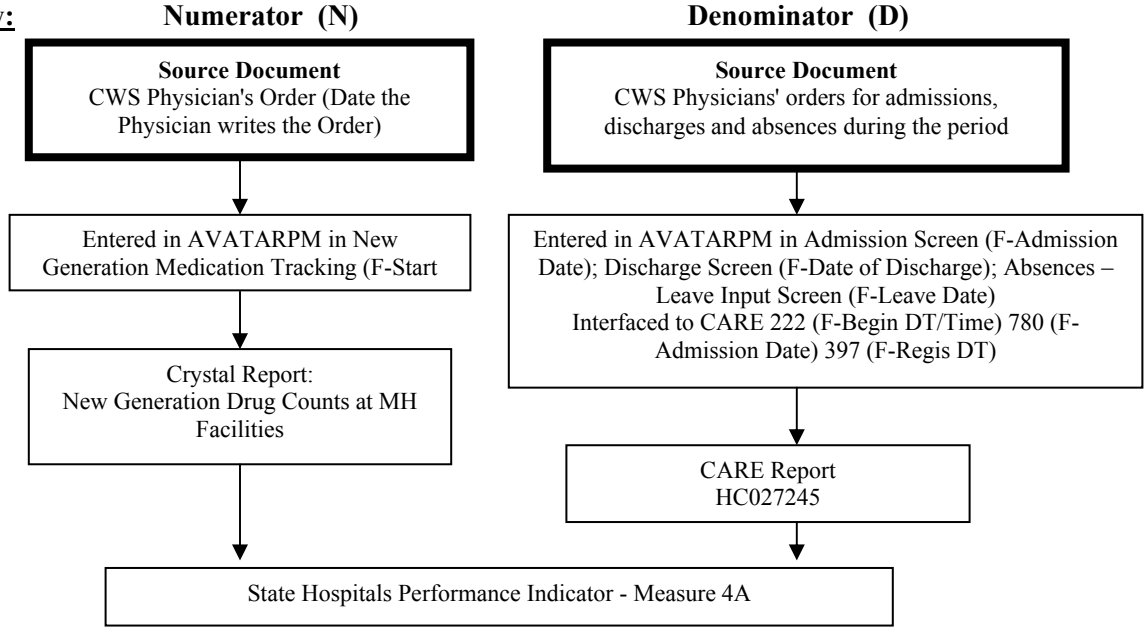
Performance Measure Operational Definition: The hospital count of patients who receive new generation medications (risperidone, clozapine, olanzapine, quetiapine, ziprasidone, invega sustenna and aripiprazole).

Performance Measure Formula: R = (N/D)
R = rate of persons served receiving new generation medications per FY month
N = patients receiving new generation medications
D = unduplicated person's receiving mental health services

Performance Measure Data Display and Chart Description:

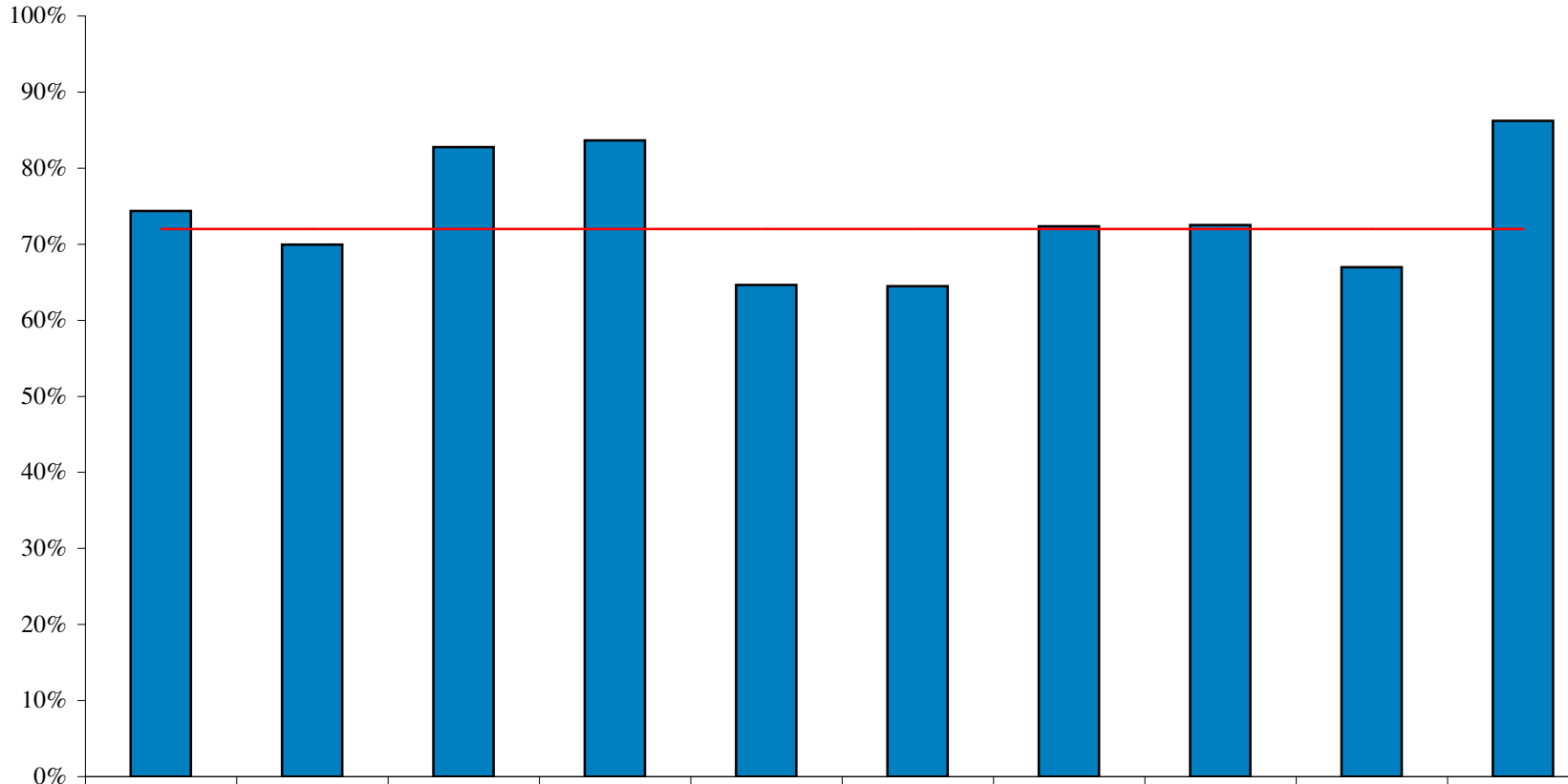
- Chart of quarterly percentage of patients receiving new generation medication for individual state hospitals and system-wide.
- Chart with monthly data points of number of patients receiving new generation medication and number of patients served for individual state hospitals and system-wide.
- Chart with monthly data points of percentage of patients receiving new generation medication for individual state hospitals and system-wide.

Data Flow:



Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals

Percentage of Patients Receiving New Generation Medication (NGM)
Monthly Average for
Q2 - FY11



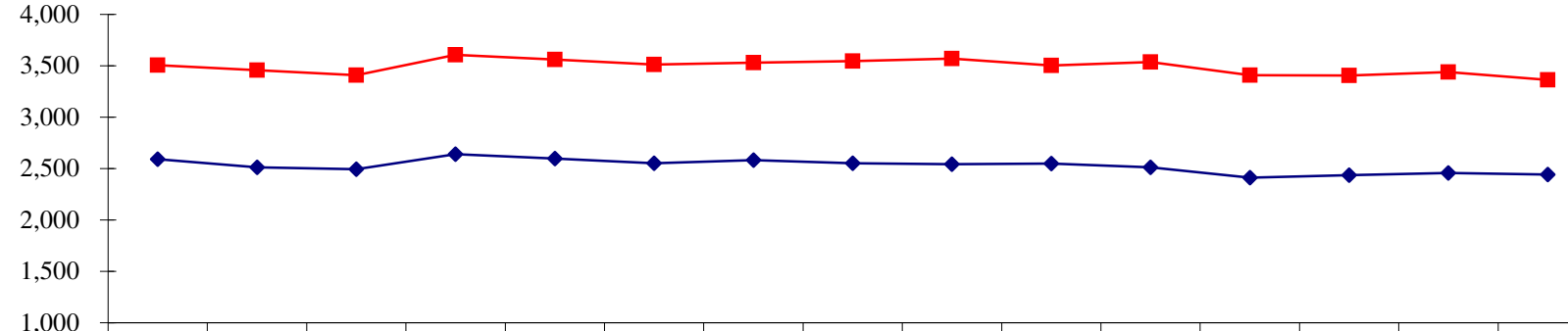
	ASH	BSSH	EPPC	KSH	NTSH	RGSC(MH)	RSH	SASH	TSH	WCFY
Percentage	74%	70%	83%	84%	65%	64%	72%	73%	67%	86%
All State Hospitals	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

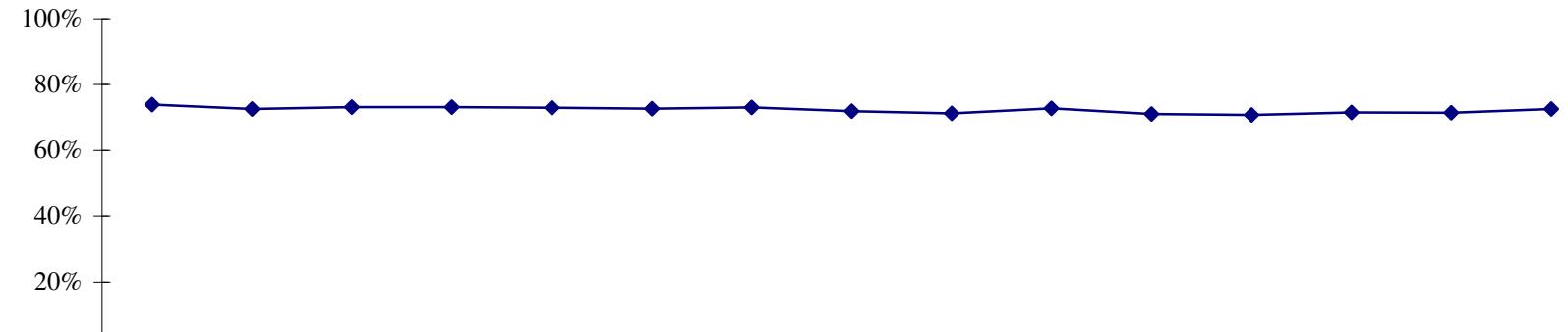
Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	2590	2511	2495	2639	2599	2551	2582	2551	2544	2550	2511	2412	2437	2457	2441
# Patients Served	3505	3458	3410	3606	3560	3511	3532	3546	3570	3502	3536	3408	3405	3438	3362

Percentage of Patients Receiving New Generation Medication (NGM)



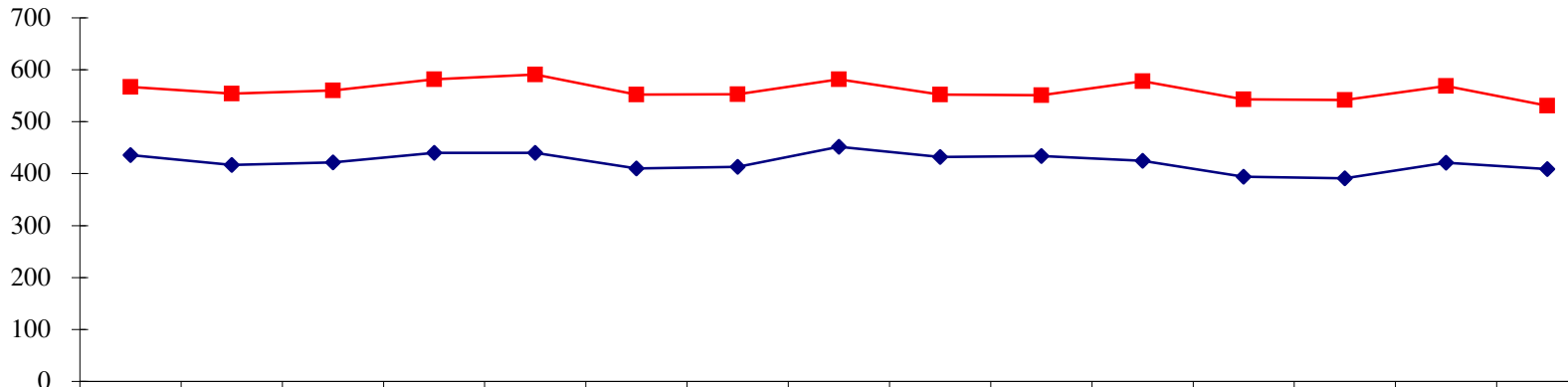
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	74%	73%	73%	73%	73%	73%	73%	72%	71%	73%	71%	71%	72%	71%	73%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

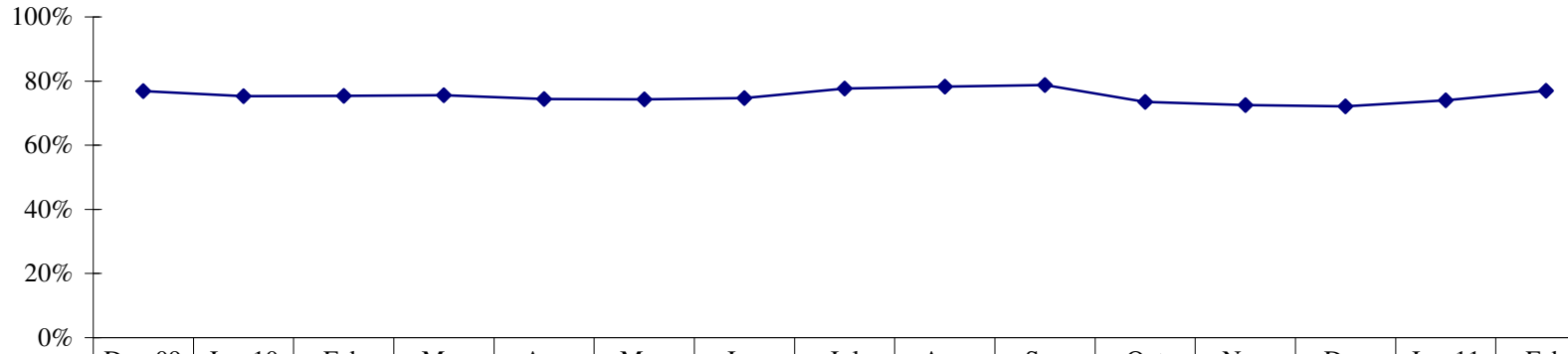
Measure 4A - Patients Receiving New Generation Medication (NGM)
Austin State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	436	417	422	440	440	410	413	452	432	434	425	394	391	421	409
# Patients Served	567	554	560	582	591	552	553	582	552	551	578	543	542	569	531

Percentage of Patients Receiving New Generation Medication (NGM)



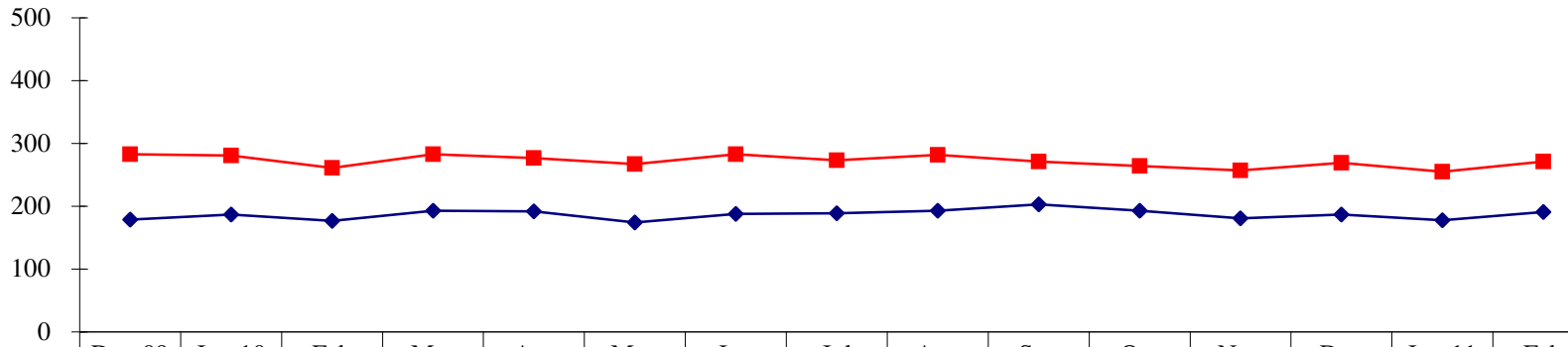
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	77%	75%	75%	76%	74%	74%	75%	78%	78%	79%	74%	73%	72%	74%	77%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

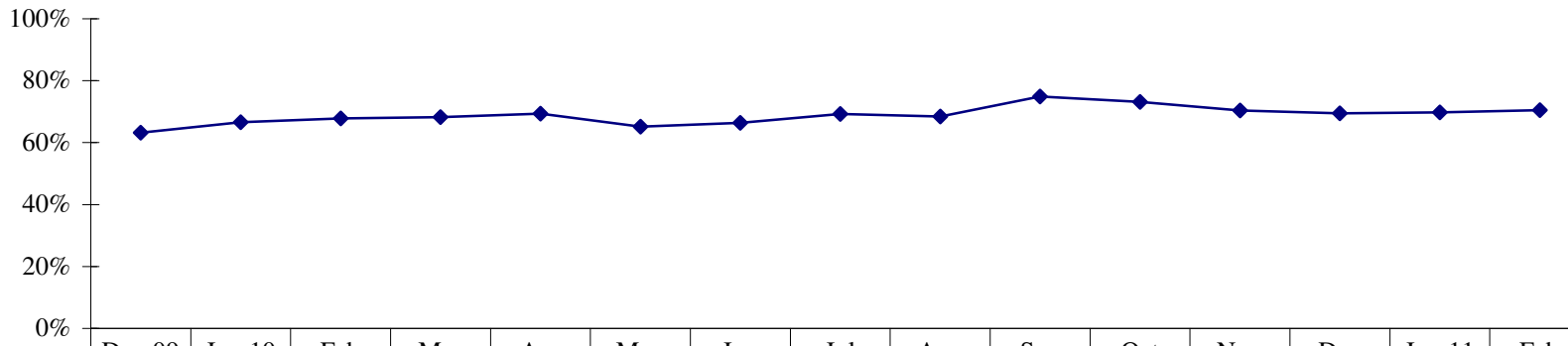
Measure 4A - Patients Receiving New Generation Medication (NGM)
Big Spring State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	179	187	177	193	192	174	188	189	193	203	193	181	187	178	191
# Patients Served	283	281	261	283	277	267	283	273	282	271	264	257	269	255	271

Percentage of Patients Receiving New Generation Medication (NGM)



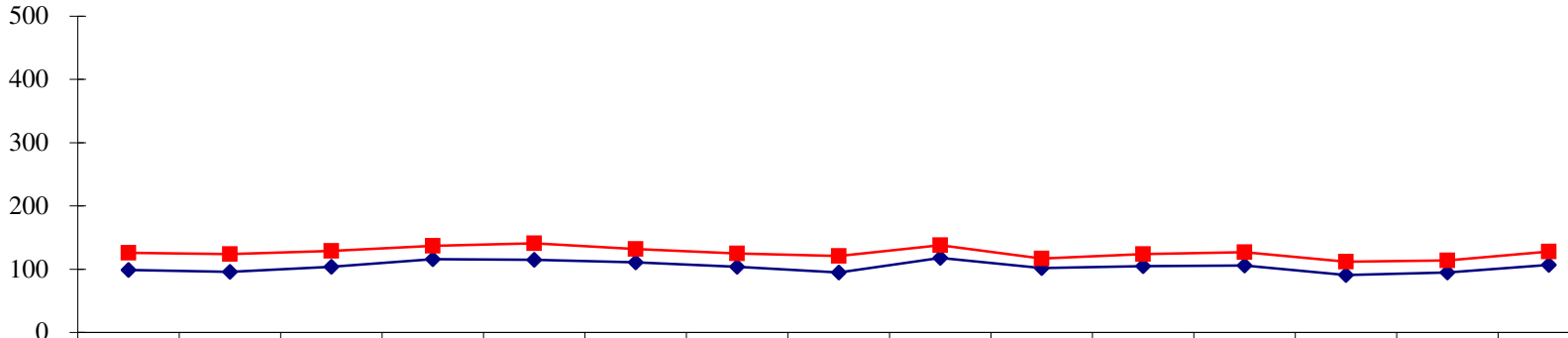
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	63%	67%	68%	68%	69%	65%	66%	69%	68%	75%	73%	70%	70%	70%	70%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

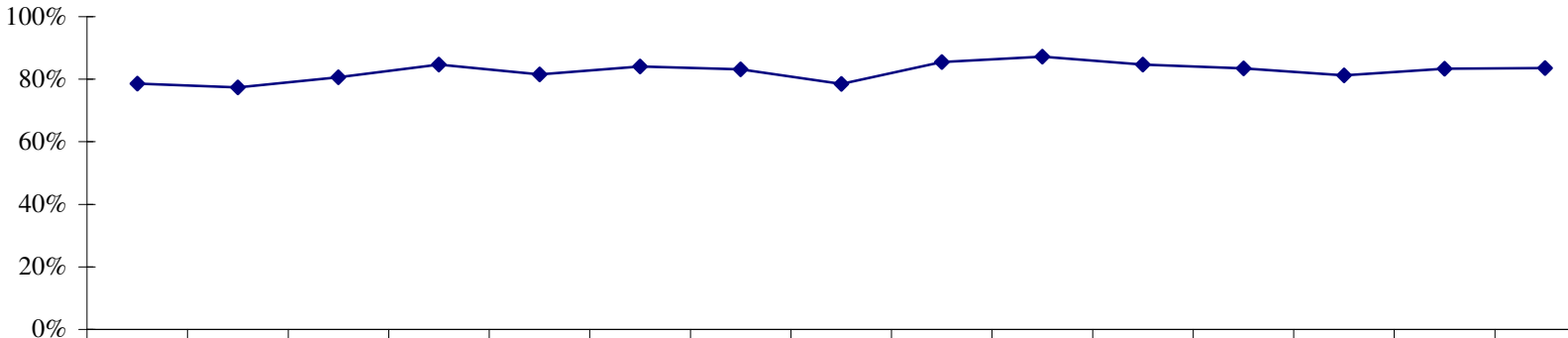
Measure 4A - Patients Receiving New Generation Medication (NGM)
El Paso Psychiatric Center

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	99	96	104	116	115	111	104	95	118	102	105	106	91	95	107
# Patients Served	126	124	129	137	141	132	125	121	138	117	124	127	112	114	128

Percentage of Patients Receiving New Generation Medication (NGM)



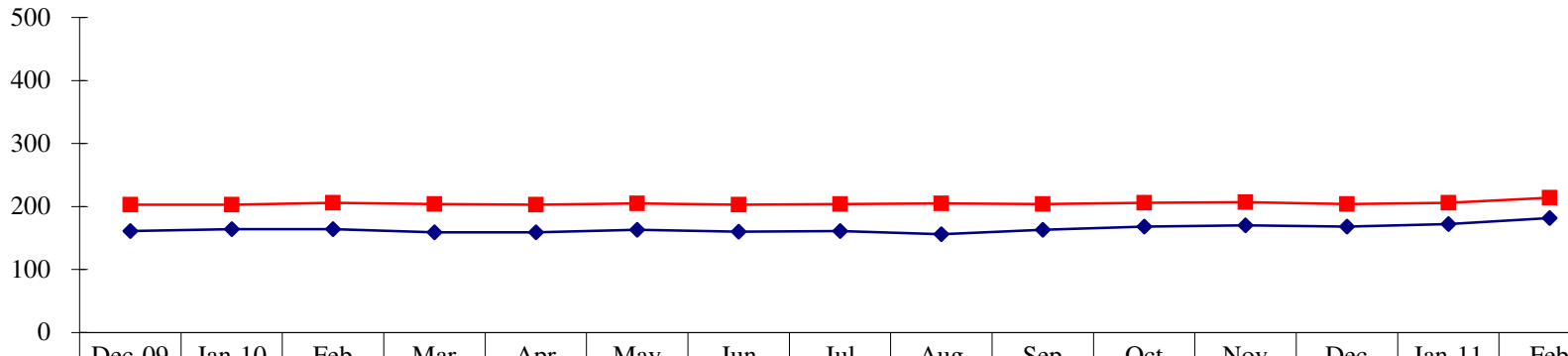
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	79%	77%	81%	85%	82%	84%	83%	79%	86%	87%	85%	83%	81%	83%	84%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

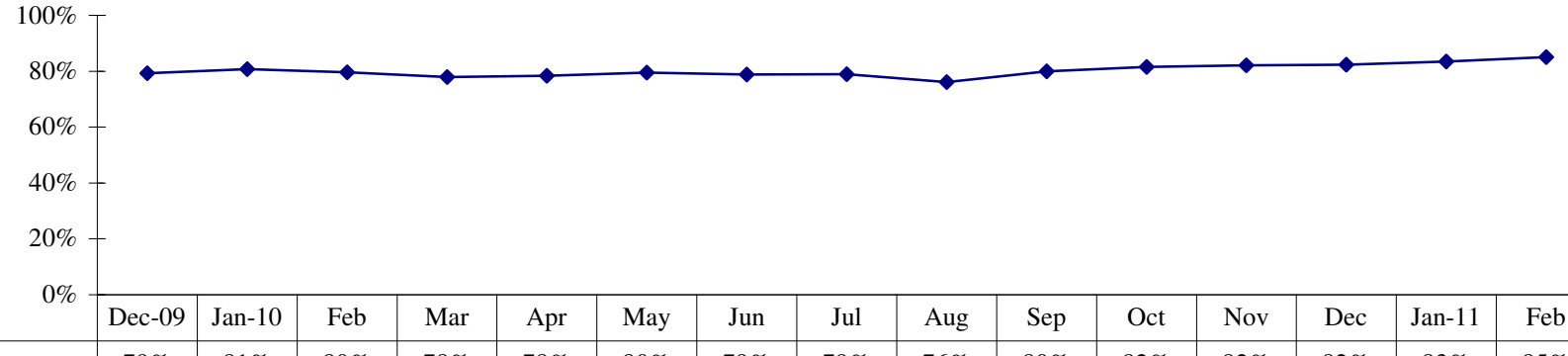
Measure 4A - Patients Receiving New Generation Medication (NGM)
Kerrville State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	161	164	164	159	159	163	160	161	156	163	168	170	168	172	182
# Patients Served	203	203	206	204	203	205	203	204	205	204	206	207	204	206	214

Percentage of Patients Receiving New Generation Medication (NGM)



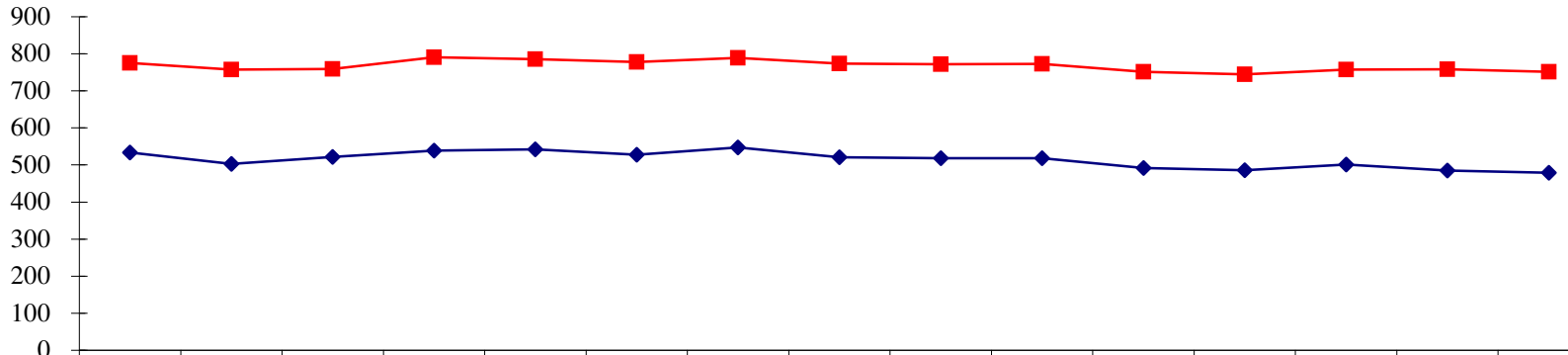
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	79%	81%	80%	78%	78%	80%	79%	79%	76%	80%	82%	82%	82%	83%	85%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

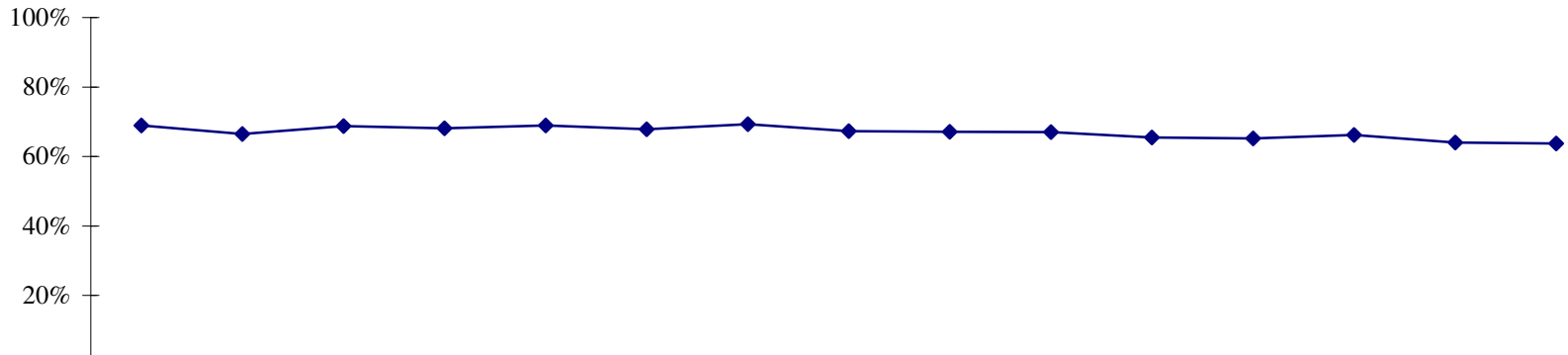
Measure 4A - Patients Receiving New Generation Medication (NGM)
North Texas State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	534	503	522	539	542	528	547	521	518	518	492	486	501	485	479
# Patients Served	775	757	759	791	786	778	789	774	772	773	751	745	757	758	751

Percentage of Patients Receiving New Generation Medication (NGM)



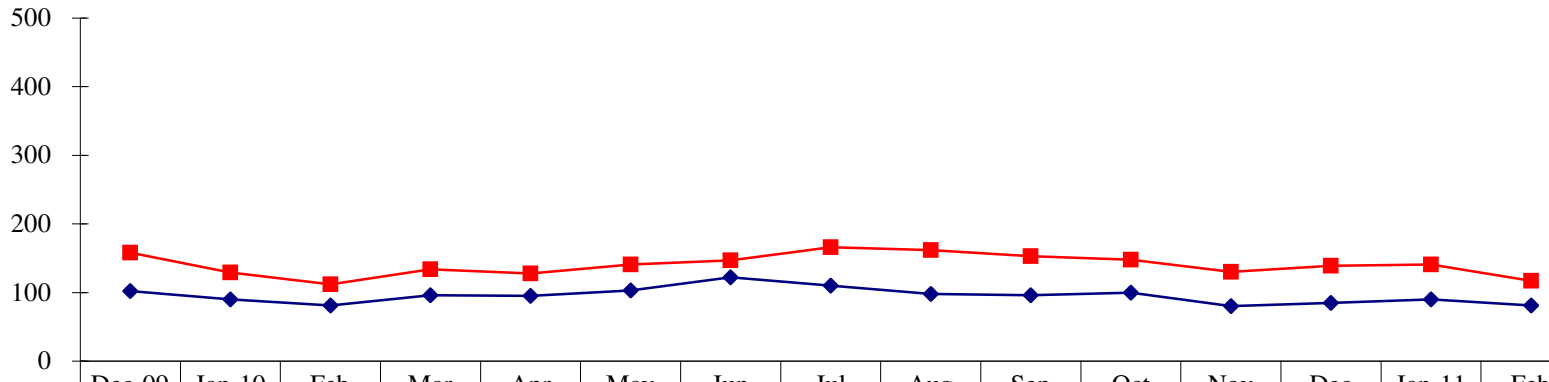
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	69%	66%	69%	68%	69%	68%	69%	67%	67%	67%	66%	65%	66%	64%	64%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

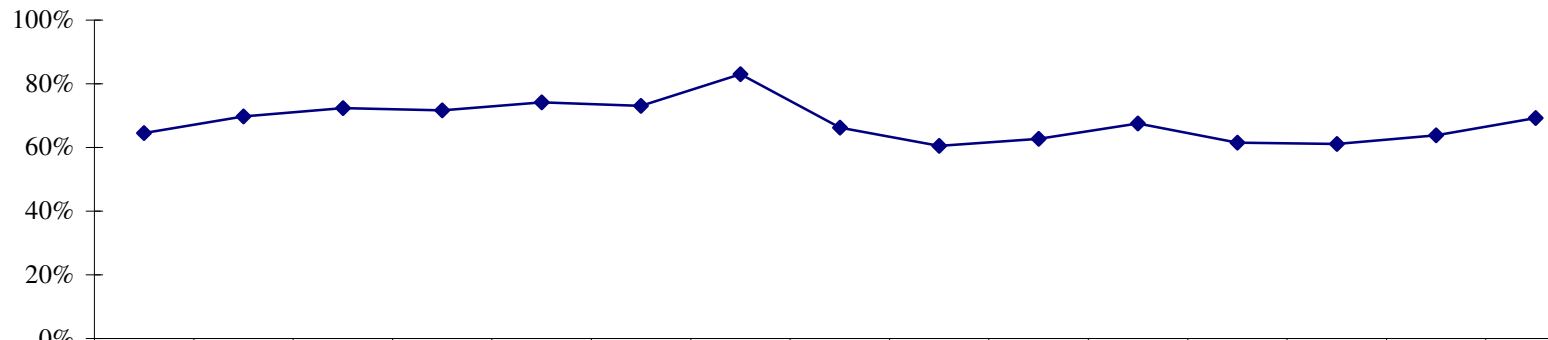
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	102	90	81	96	95	103	122	110	98	96	100	80	85	90	81
# Patients Served	158	129	112	134	128	141	147	166	162	153	148	130	139	141	117

Percentage of Patients Receiving New Generation Medication (NGM)



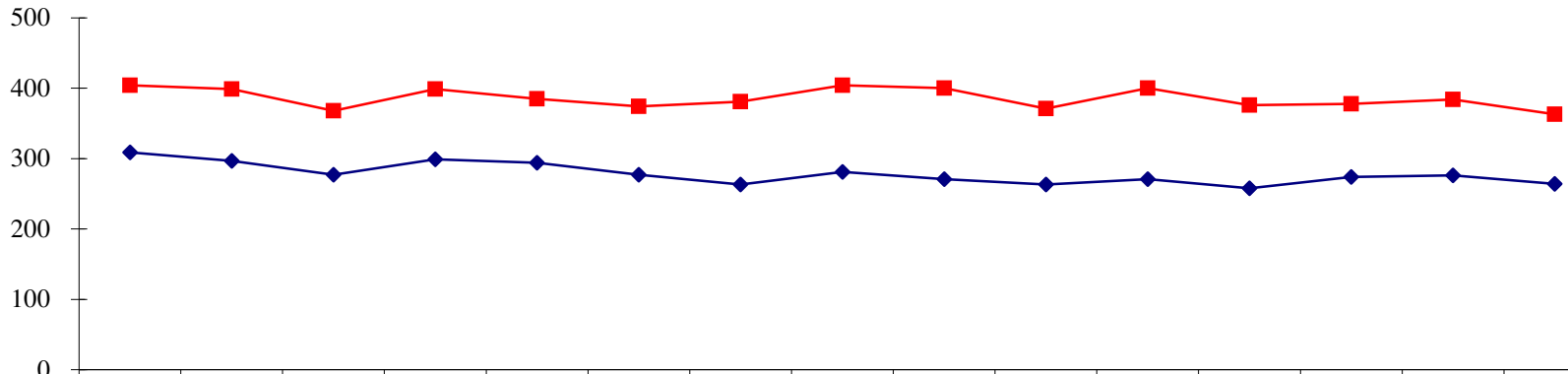
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	65%	70%	72%	72%	74%	73%	83%	66%	60%	63%	68%	62%	61%	64%	69%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

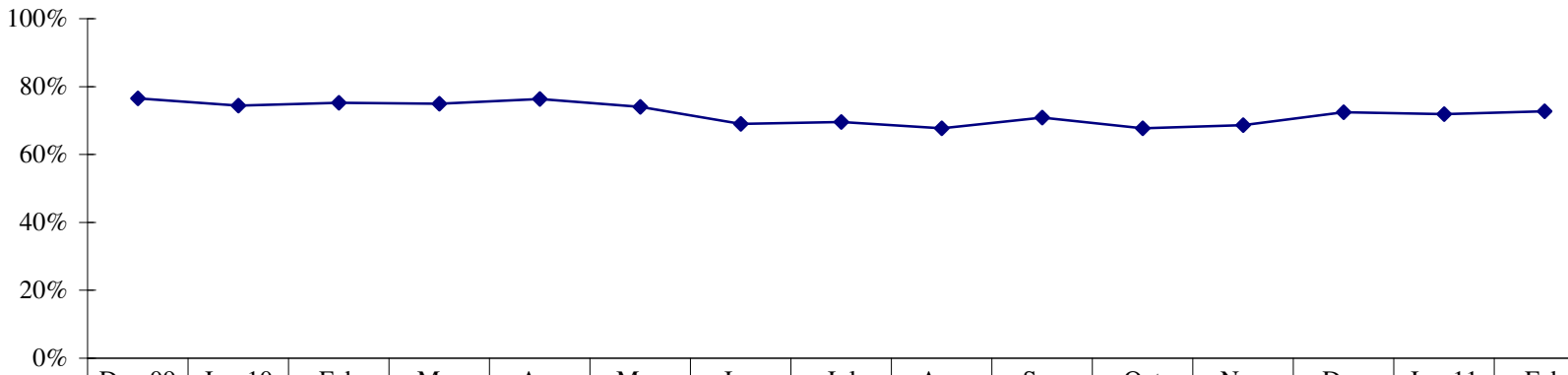
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rusk State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	309	297	277	299	294	277	263	281	271	263	271	258	274	276	264
# Patients Served	404	399	368	399	385	374	381	404	400	371	400	376	378	384	363

Percentage of Patients Receiving New Generation Medication (NGM)



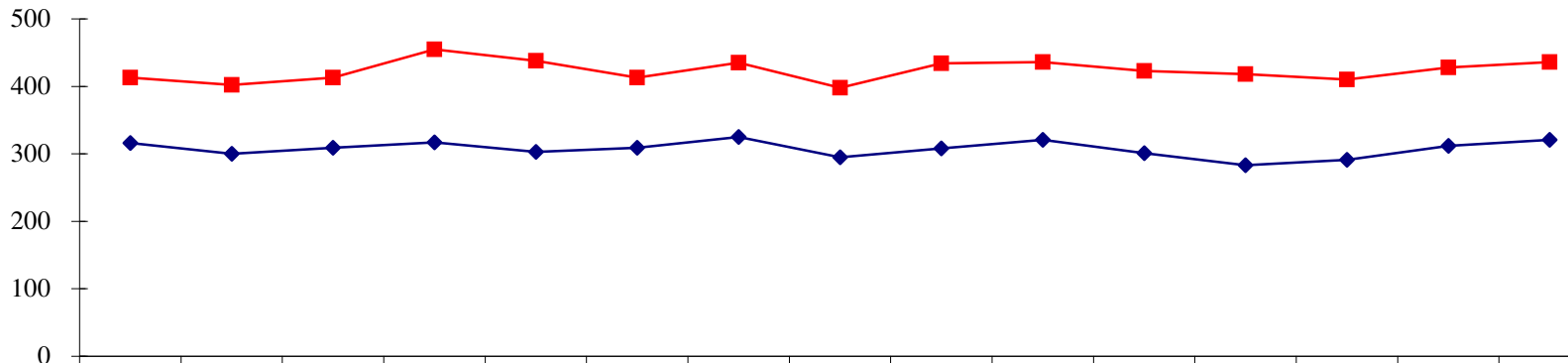
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	76%	74%	75%	75%	76%	74%	69%	70%	68%	71%	68%	69%	72%	72%	73%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

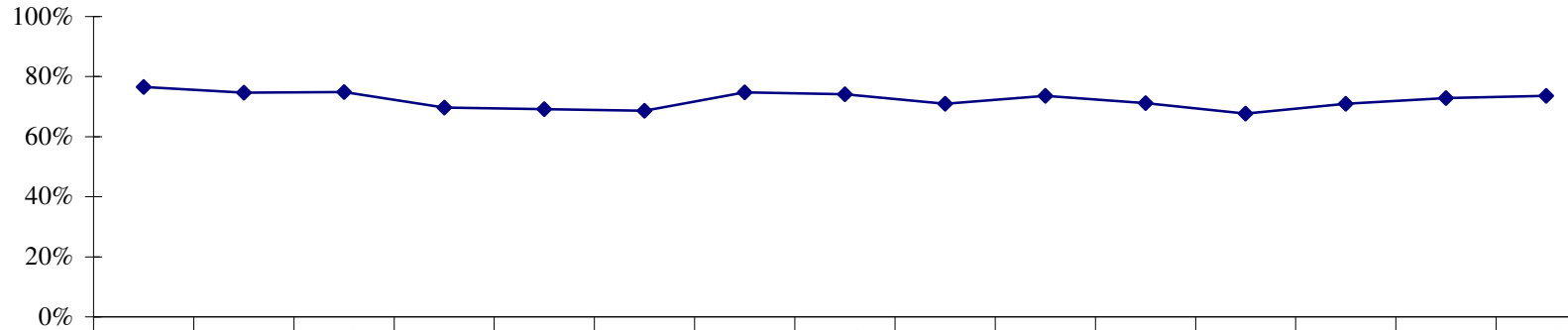
Measure 4A - Patients Receiving New Generation Medication (NGM)
San Antonio State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	316	300	309	317	303	309	325	295	308	321	301	283	291	312	321
# Patients Served	413	402	413	455	438	413	435	398	434	436	423	418	410	428	436

Percentage of Patients Receiving New Generation Medication (NGM)



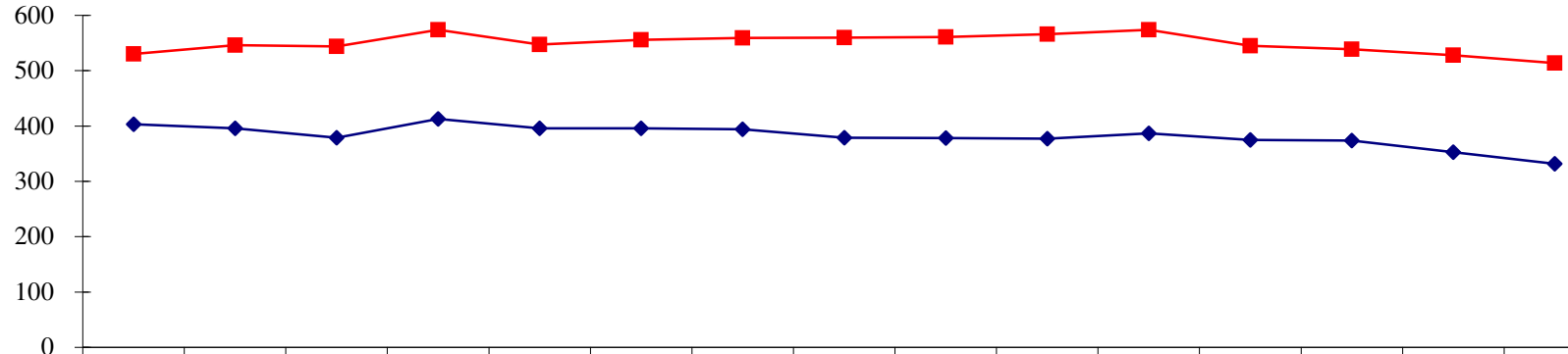
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	77%	75%	75%	70%	69%	69%	75%	74%	71%	74%	71%	68%	71%	73%	74%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

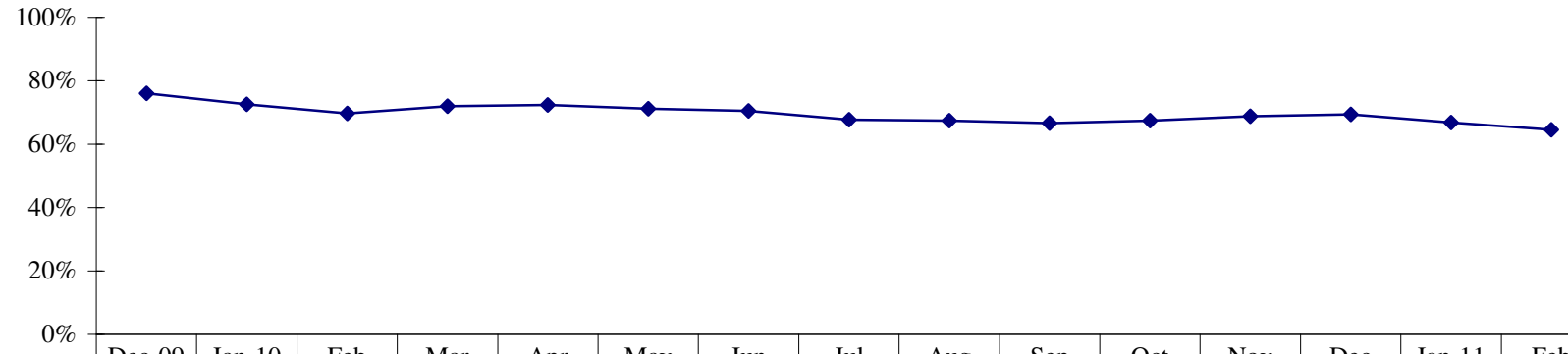
Measure 4A - Patients Receiving New Generation Medication (NGM)
Terrell State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	403	396	379	413	396	396	394	379	378	377	387	375	374	353	332
# Patients Served	530	546	544	574	547	556	559	560	561	566	574	545	539	528	514

Percentage of Patients Receiving New Generation Medication (NGM)



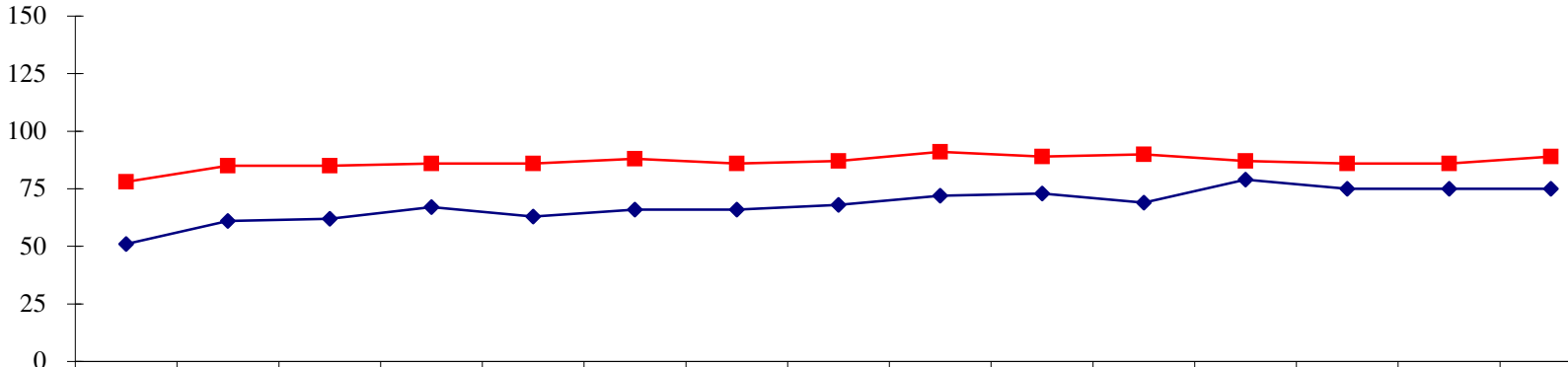
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	76%	73%	70%	72%	72%	71%	70%	68%	67%	67%	67%	69%	69%	67%	65%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

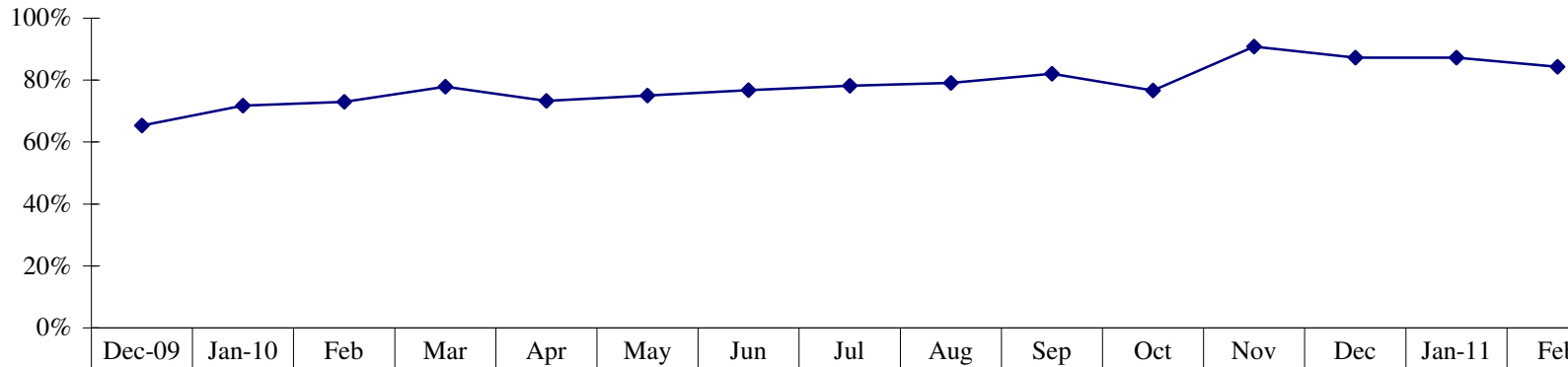
Measure 4A - Patients Receiving New Generation Medication (NGM)
Waco Center for Youth

Number of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Patients on NGM	51	61	62	67	63	66	66	68	72	73	69	79	75	75	75
# Patients Served	78	85	85	86	86	88	86	87	91	89	90	87	86	86	89

Percentage of Patients Receiving New Generation Medication (NGM)



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Patients on NGM	65%	72%	73%	78%	73%	75%	77%	78%	79%	82%	77%	91%	87%	87%	84%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

Performance Measure 4B:

Analyze and report the costs of antipsychotic medications.

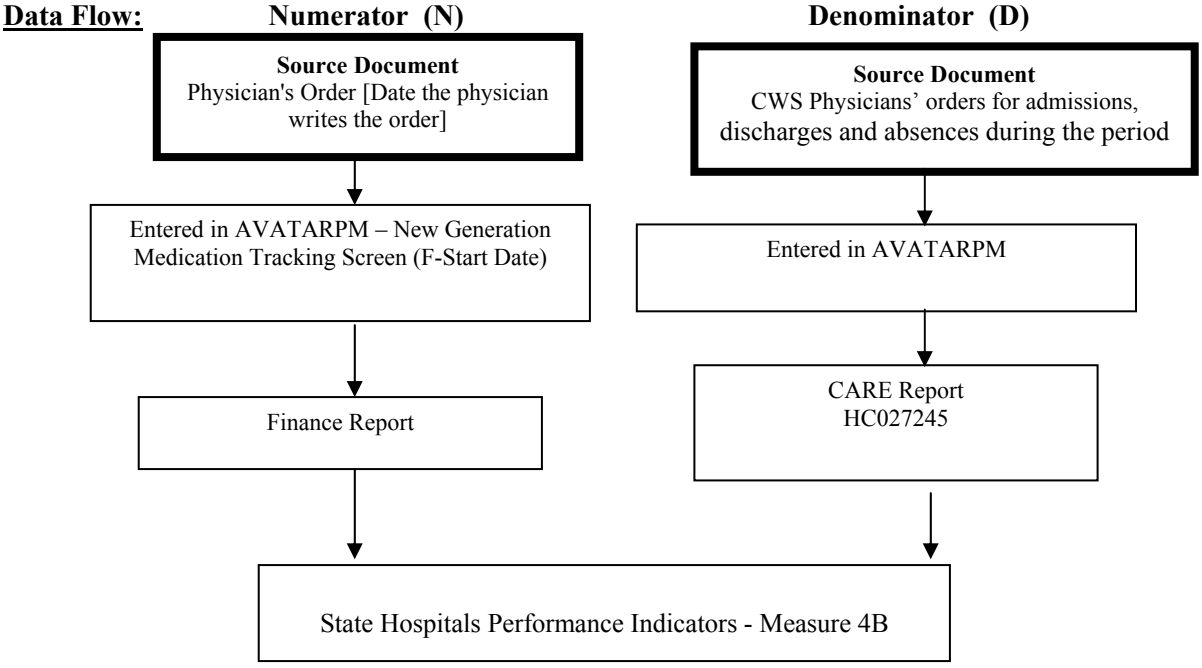
Performance Measure Operational Definition: The state hospitals average monthly cost for medications per patient.

Performance Measure Formula: **N** (Dollar Amount)
D (Unduplicated Persons Served)

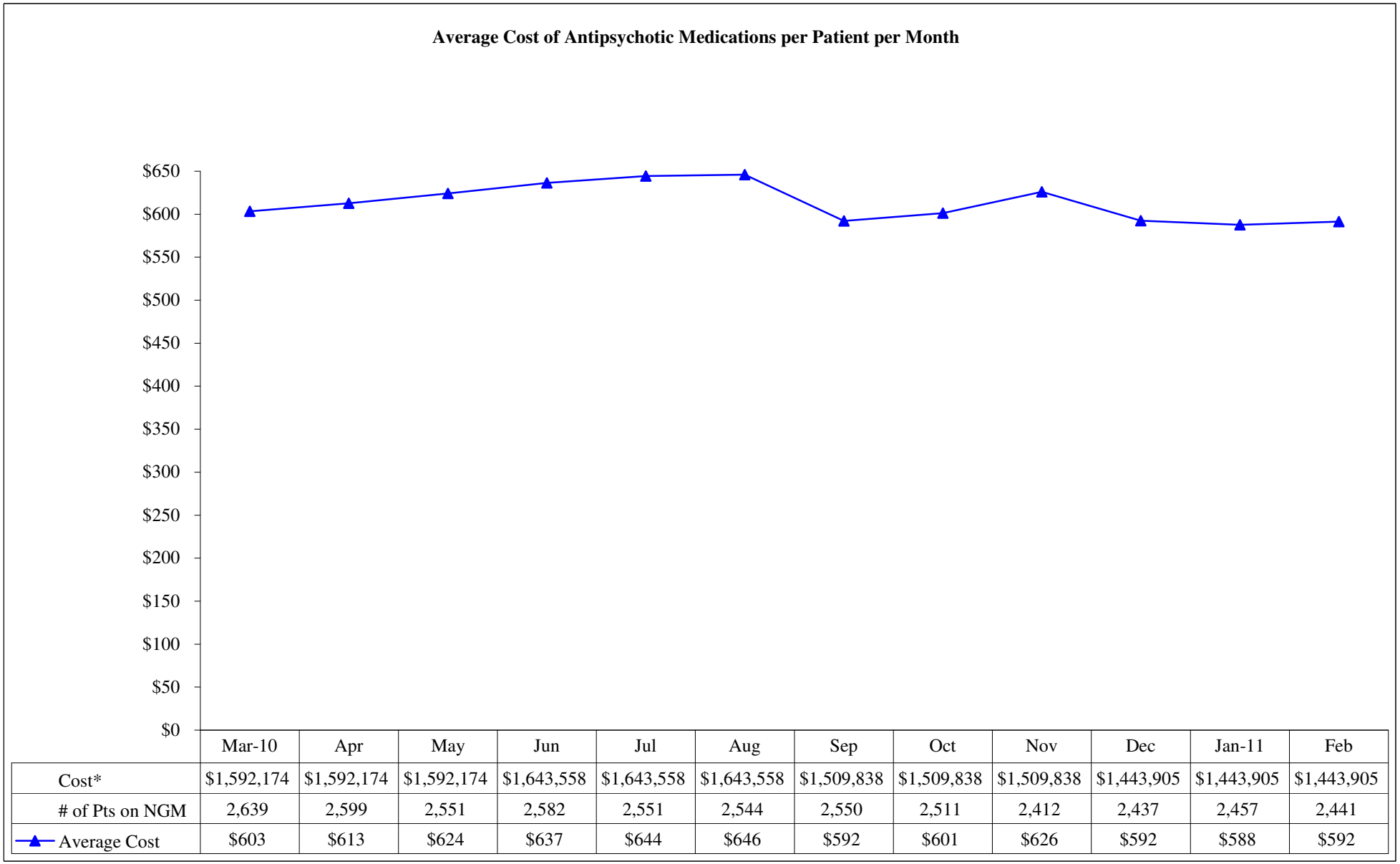
N = total dollar amount spent on new generation medications per hospital per month.
D = total number of unduplicated persons served per hospital per month.

Performance Measure Data Display and Chart Description:
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

Data Flow:



Measure 4B - Cost of Antipsychotic Medications
All State MH Hospitals



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$1,592,174	$1,592,174	$1,592,174	$1,643,558	$1,643,558	$1,643,558	$1,509,838	$1,509,838	$1,509,838	$1,443,905	$1,443,905	$1,443,905
# of Pts on NGM	2,639	2,599	2,551	2,582	2,551	2,544	2,550	2,511	2,412	2,437	2,457	2,441
Average Cost	$603	$613	$624	$637	$644	$646	$592	$601	$626	$592	$588	$592

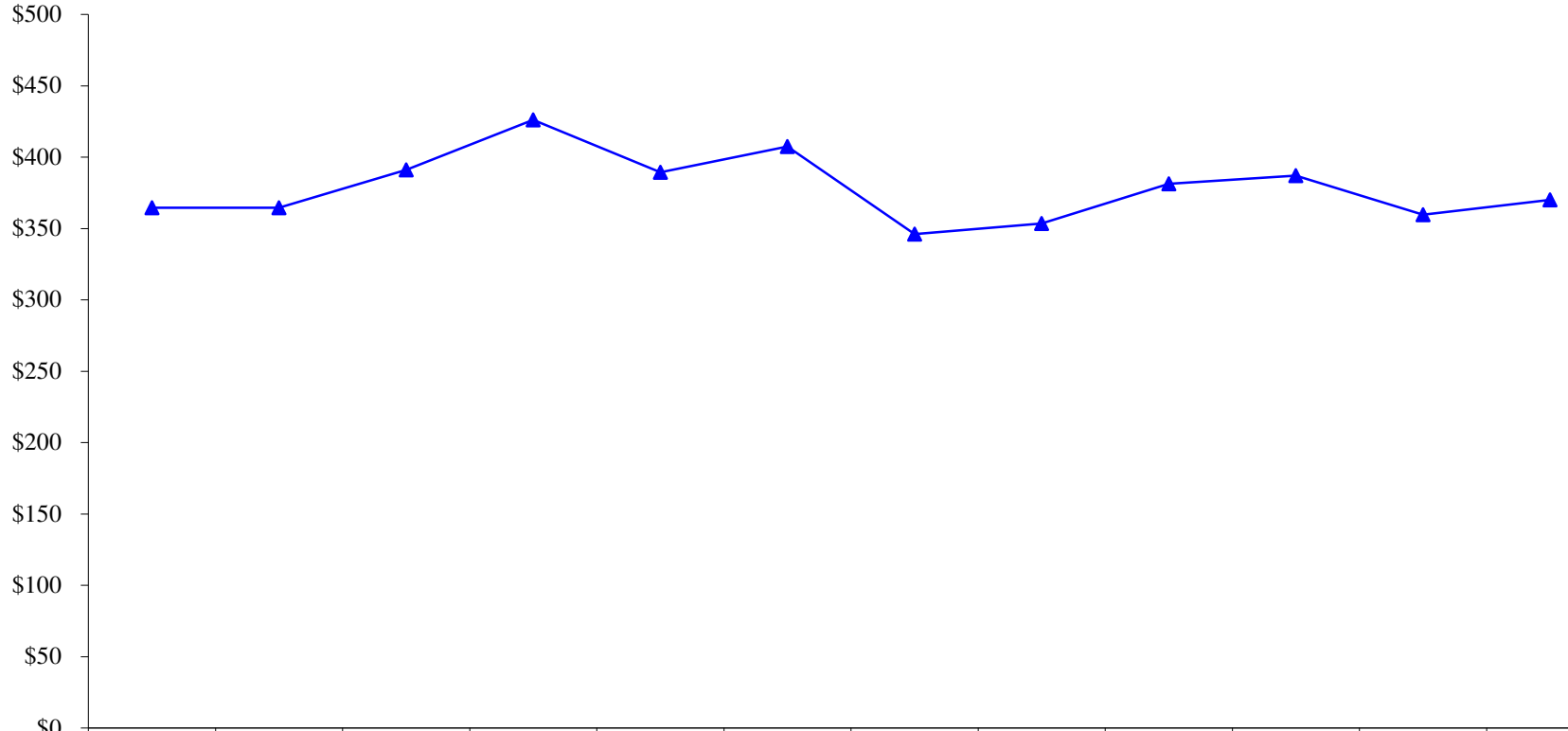
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Austin State Hospital

Average Cost of Antipsychotic Medications per Patient per Month



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$160,367	$160,367	$160,367	$176,020	$176,020	$176,020	$150,236	$150,236	$150,236	$151,374	$151,374	$151,374
# of Pts on NGM	440	440	410	413	452	432	434	425	394	391	421	409
Average Cost per Patient	$364	$364	$391	$426	$389	$407	$346	$353	$381	$387	$360	$370

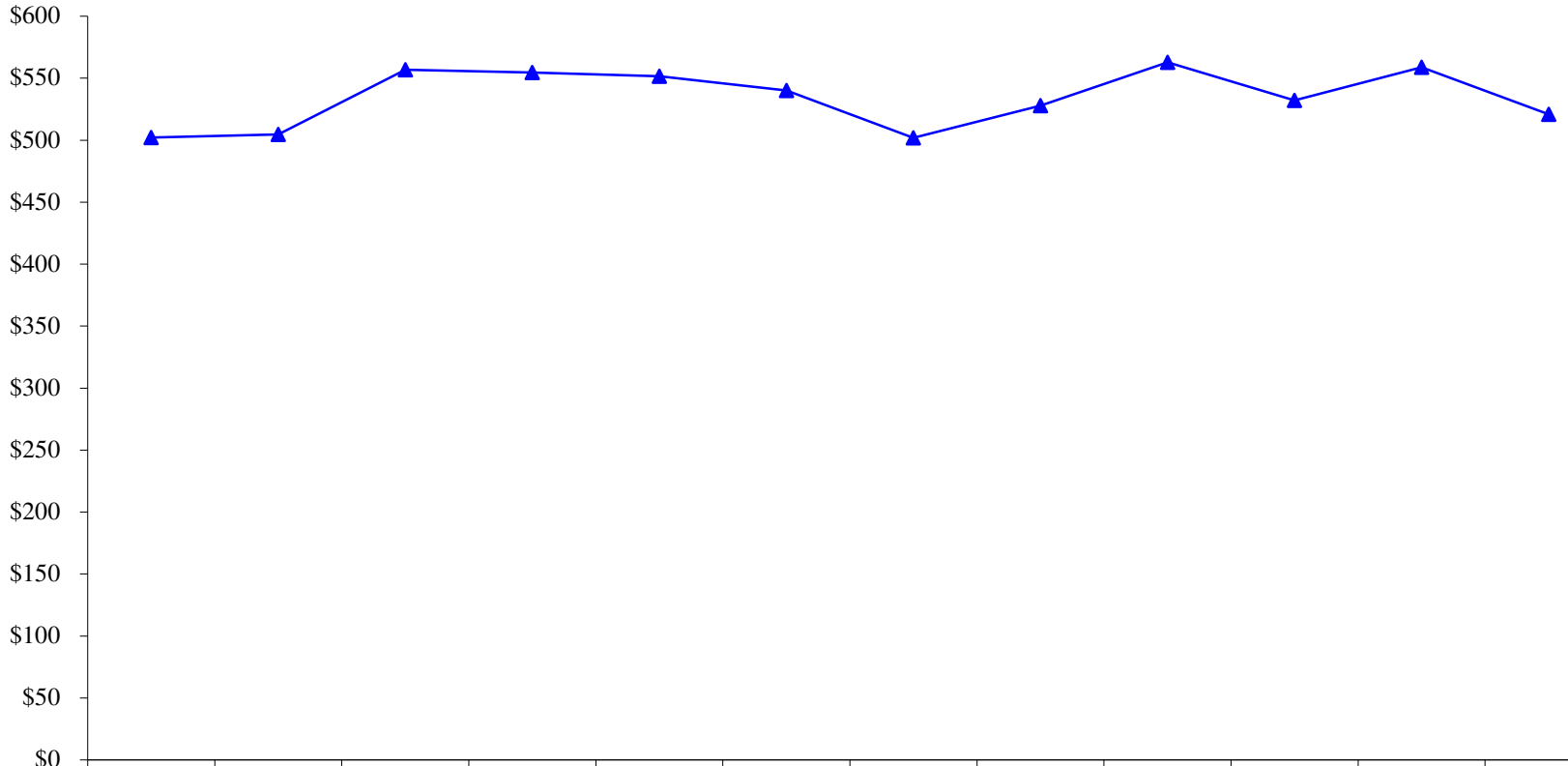
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Big Spring State Hospital

Average Cost of Antipsychotic Medications per Patient per Month



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$96,891	$96,891	$96,891	$104,238	$104,238	$104,238	$101,879	$101,879	$101,879	$99,478	$99,478	$99,478
# of Pts on NGM	193	192	174	188	189	193	203	193	181	187	178	191
Average Cost per Patient	$502	$505	$557	$554	$552	$540	$502	$528	$563	$532	$559	$521

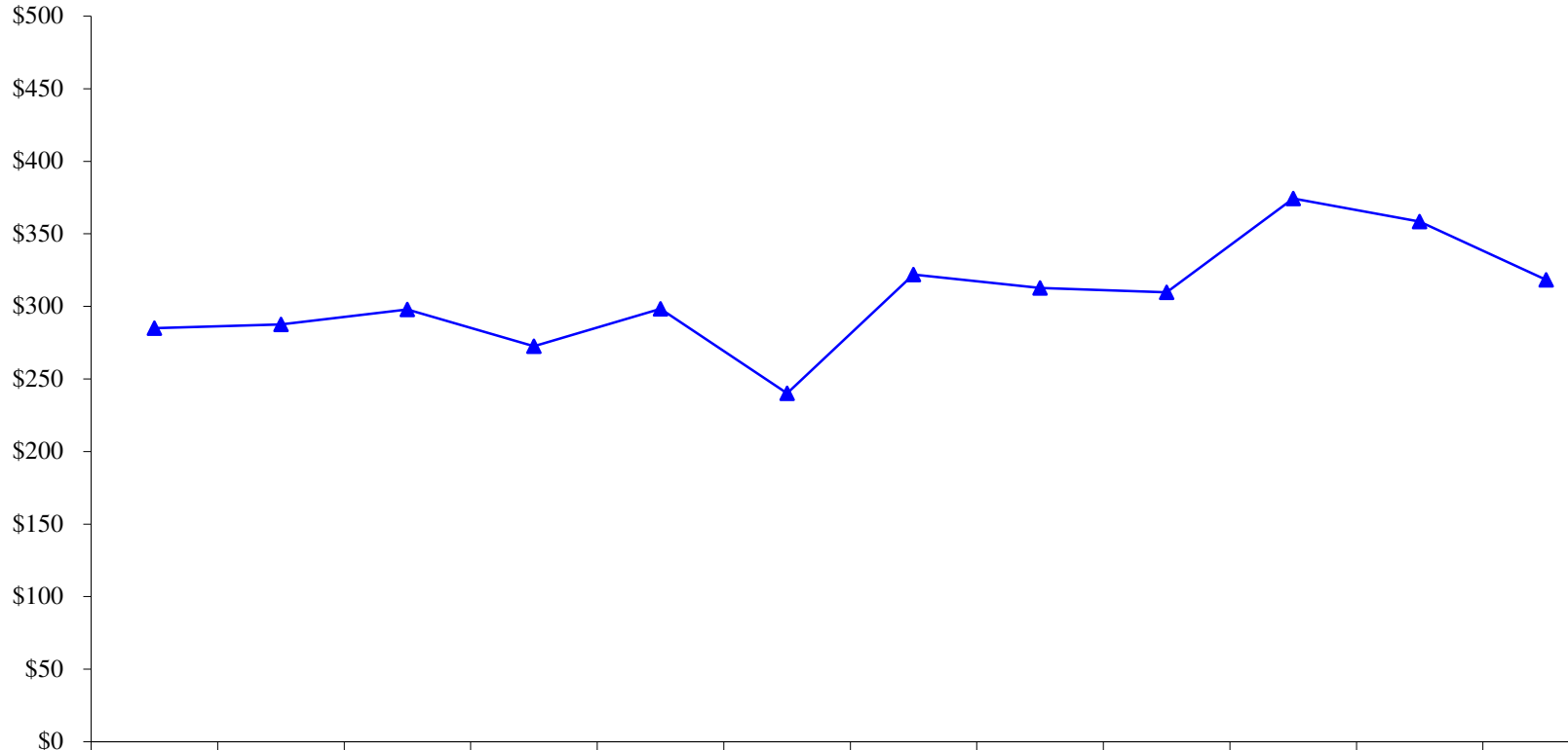
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
El Paso Psychiatric Center

Average Cost of Antipsychotic Medications per Patient per Month



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$33,064	$33,064	$33,064	$28,339	$28,339	$28,339	$32,839	$32,839	$32,839	$34,062	$34,062	$34,062
# of Pts on NGM	116	115	111	104	95	118	102	105	106	91	95	107
Average Cost per Patient	$285	$288	$298	$272	$298	$240	$322	$313	$310	$374	$359	$318

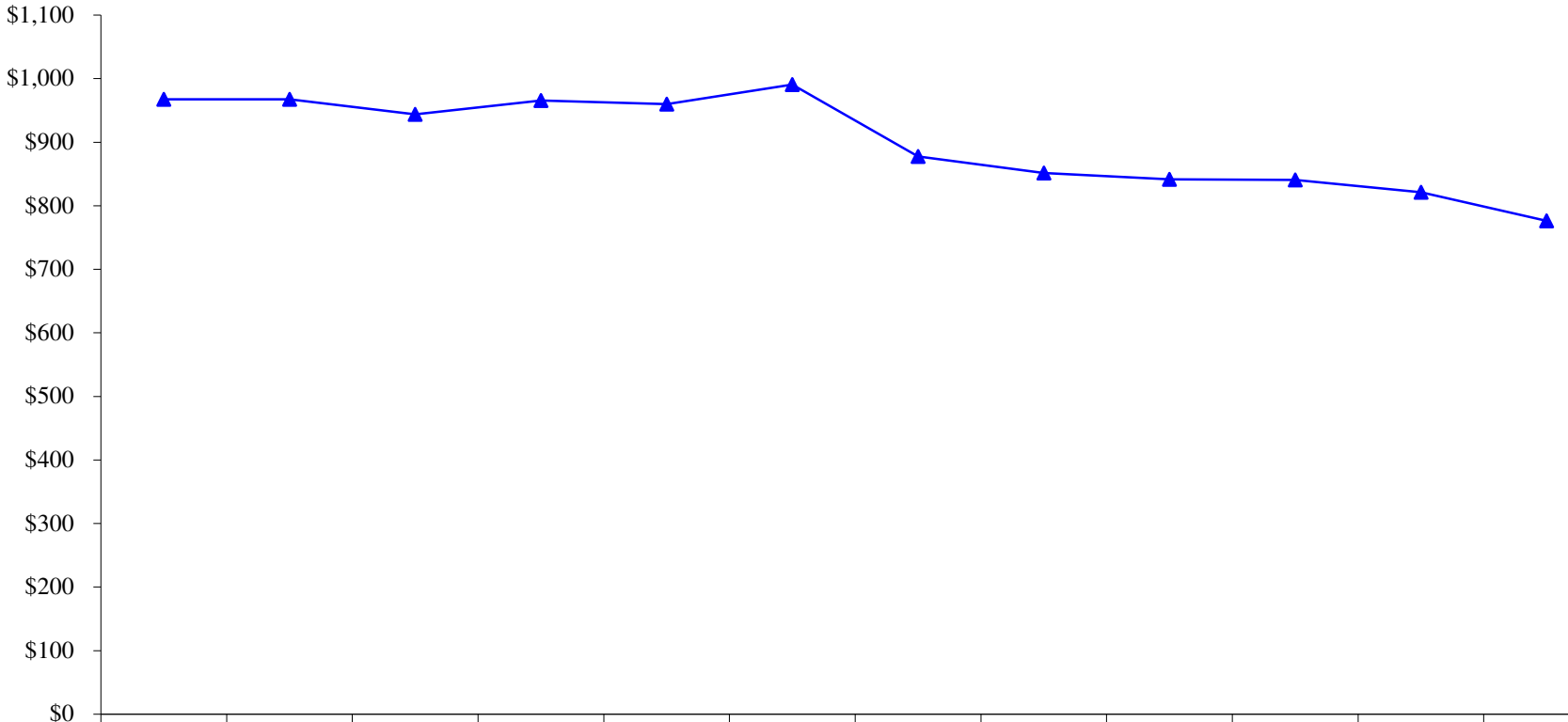
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Kerrville State Hospital

Average Cost of Antipsychotic Medications per Patient per Month



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$153,854	$153,854	$153,854	$154,511	$154,511	$154,511	$143,064	$143,064	$143,064	$141,249	$141,249	$141,249
# of Pts on NGM	159	159	163	160	161	156	163	168	170	168	172	182
Average Cost per Patient	$968	$968	$944	$966	$960	$990	$878	$852	$842	$841	$821	$776

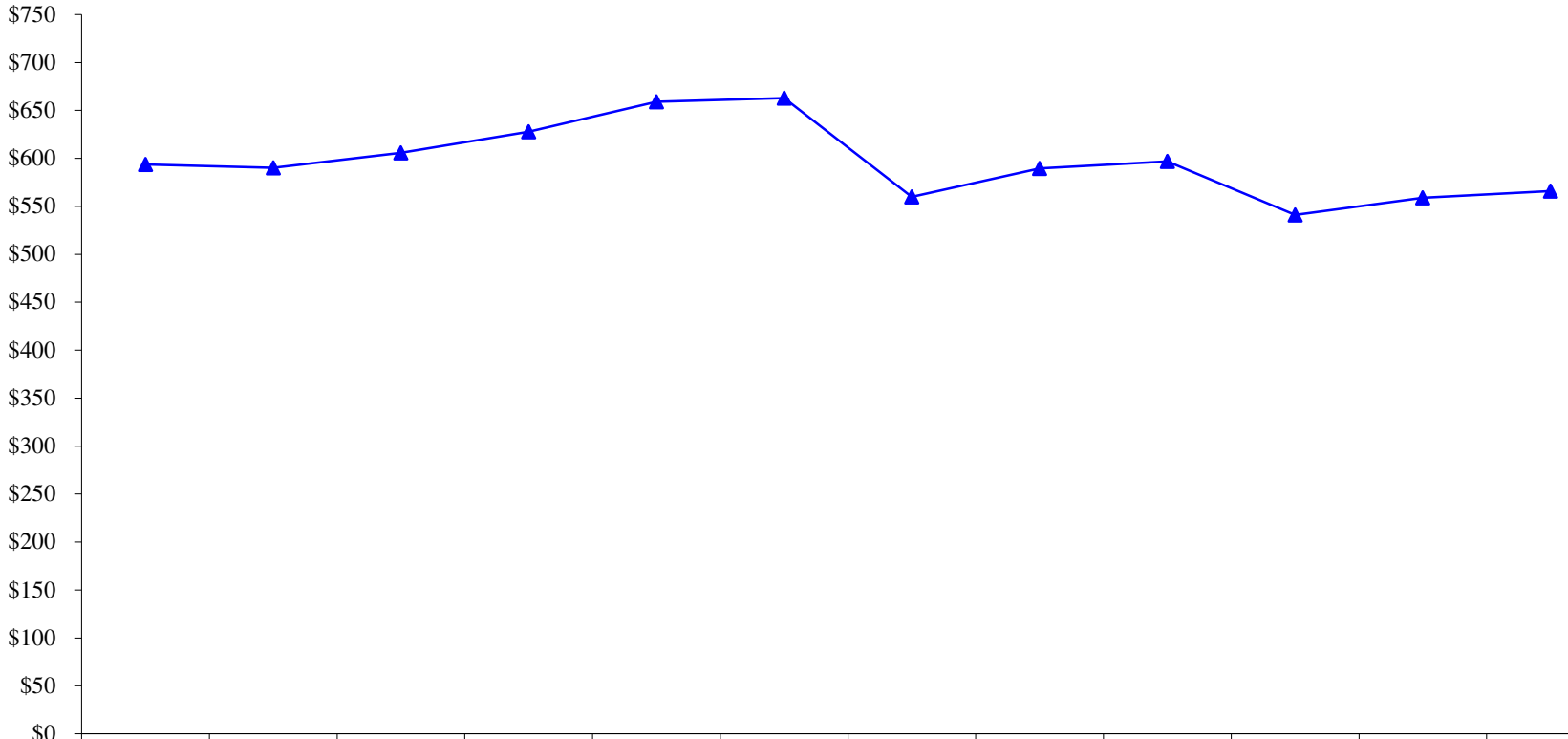
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
North Texas State Hospital

Average Cost of Antipsychotic Medications per Patient per Month



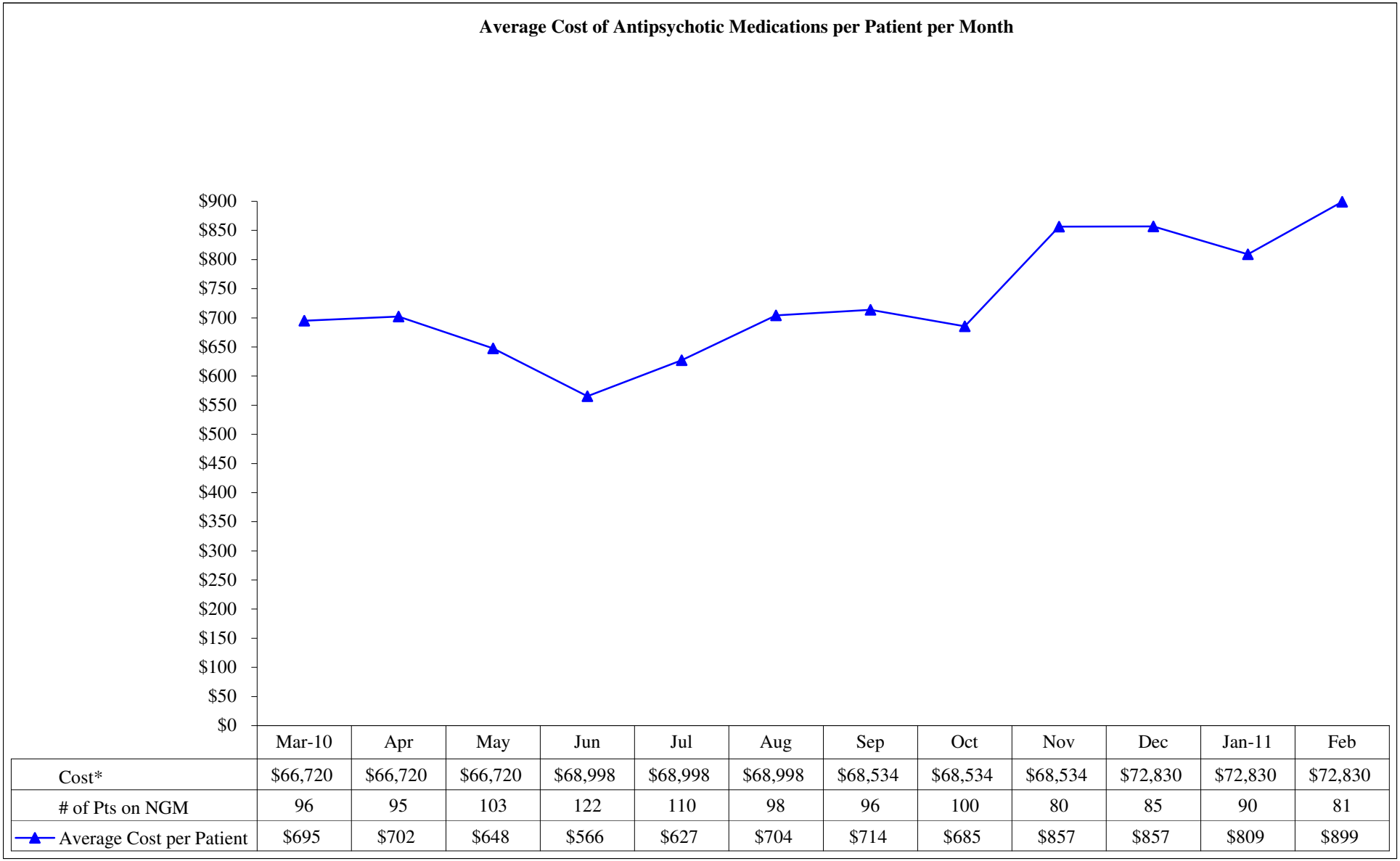
	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$319,941	$319,941	$319,941	$343,334	$343,334	$343,334	$290,051	$290,051	$290,051	$271,063	$271,063	$271,063
# of Pts on NGM	539	542	528	547	521	518	518	492	486	501	485	479
Average Cost per Patient	$594	$590	$606	$628	$659	$663	$560	$590	$597	$541	$559	$566

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Rio Grande State Center (MH only)



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$66,720	$66,720	$66,720	$68,998	$68,998	$68,998	$68,534	$68,534	$68,534	$72,830	$72,830	$72,830
# of Pts on NGM	96	95	103	122	110	98	96	100	80	85	90	81
Average Cost per Patient	$695	$702	$648	$566	$627	$704	$714	$685	$857	$857	$809	$899

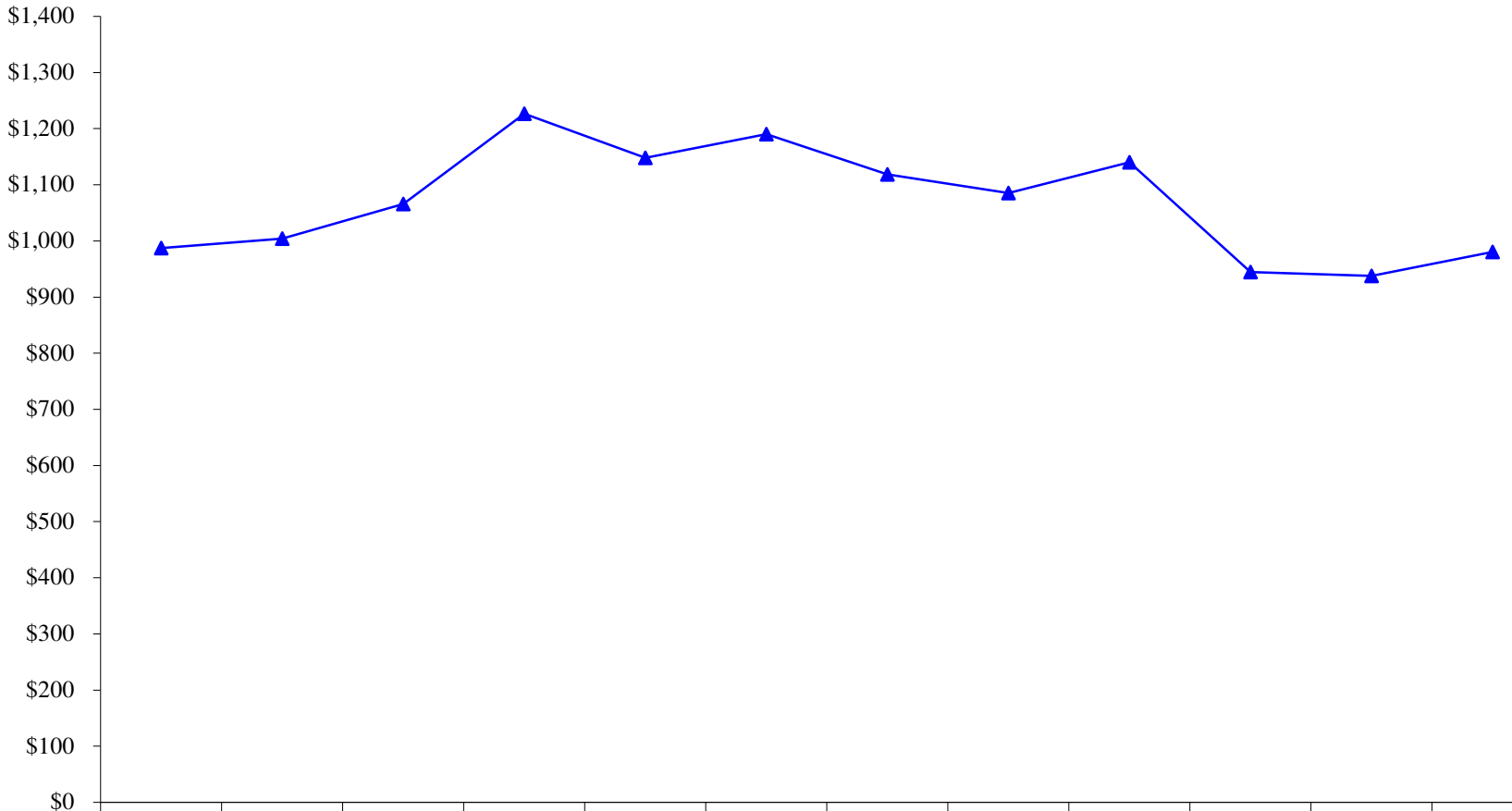
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital

Average Cost of Antipsychotic Medications per Patient per Month



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$295,245	$295,245	$295,245	$322,596	$322,596	$322,596	$294,143	$294,143	$294,143	$258,806	$258,806	$258,806
# of Pts on NGM	299	294	277	263	281	271	263	271	258	274	276	264
Average Cost per Patient	$987	$1,004	$1,066	$1,227	$1,148	$1,190	$1,118	$1,085	$1,140	$945	$938	$980

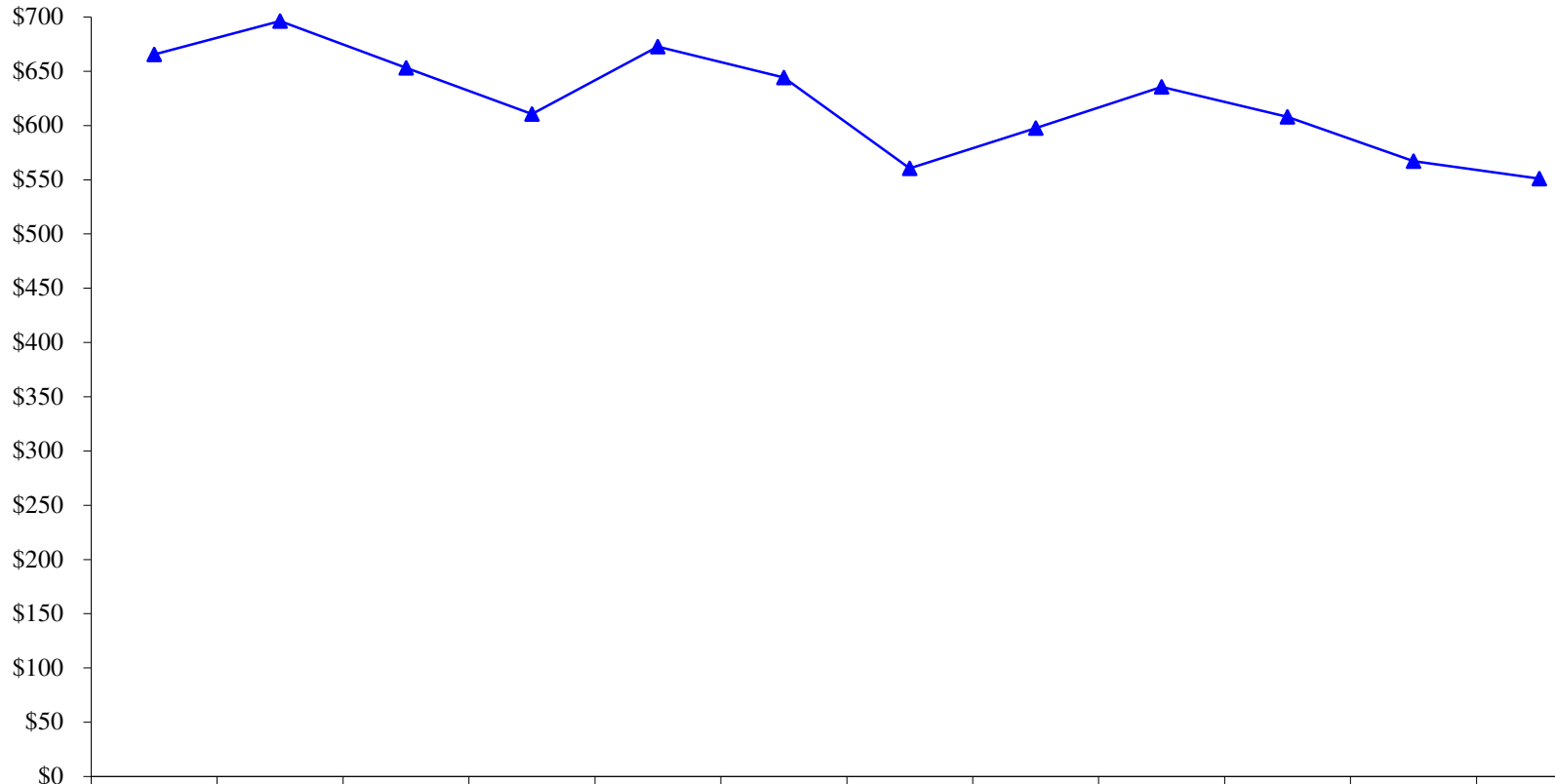
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
San Antonio State Hospital

Average Cost of Antipsychotic Medications per Patient per Month



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$210,934	$210,934	$210,934	$198,420	$198,420	$198,420	$179,883	$179,883	$179,883	$176,913	$176,913	$176,913
# of Pts on NGM	317	303	323	325	295	308	321	301	283	291	312	321
Average Cost per Patient	$665	$696	$653	$611	$673	$644	$560	$598	$636	$608	$567	$551

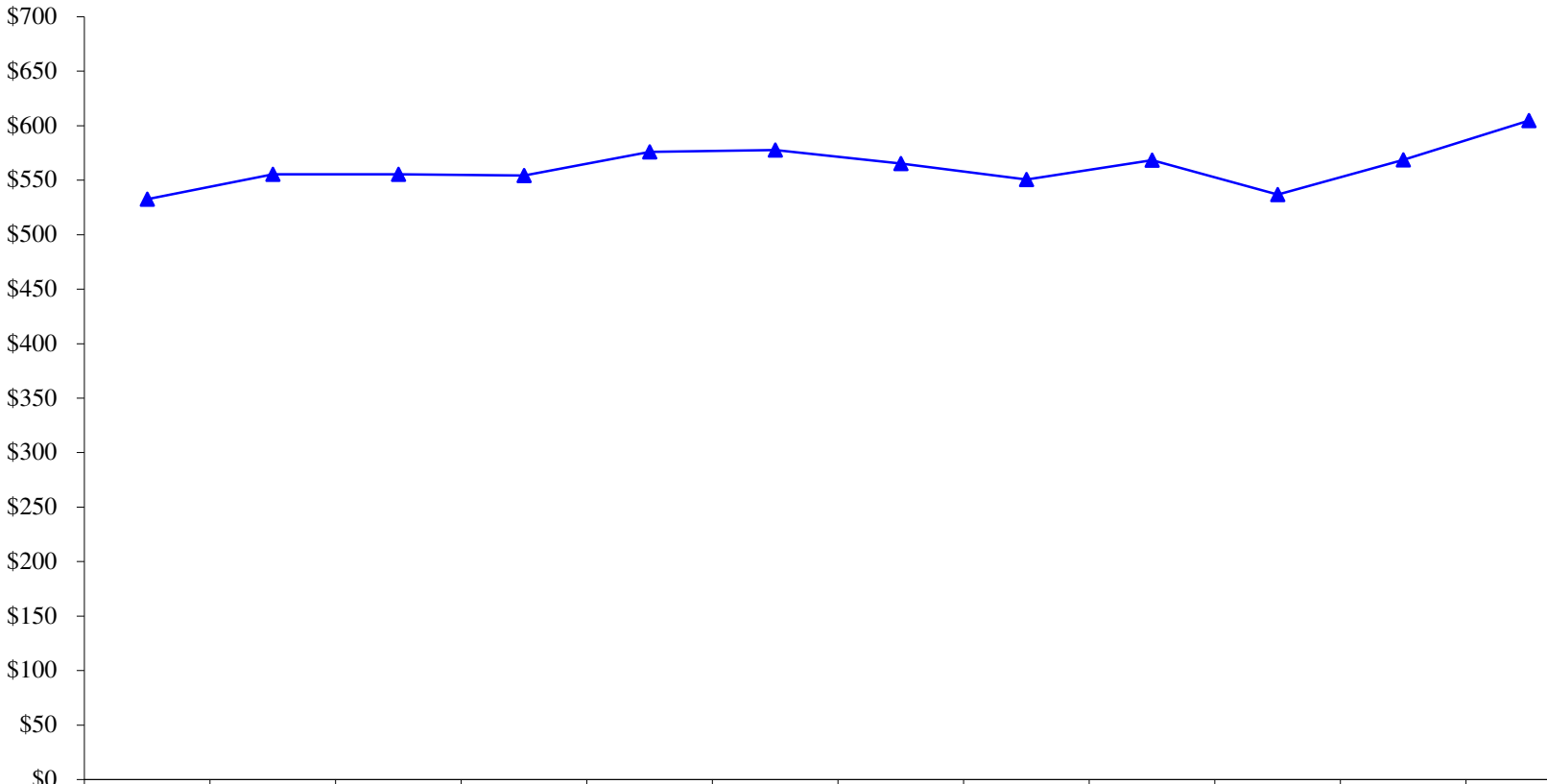
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Terrell State Hospital

Average Cost of Antipsychotic Medications per Patient per Month



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$219,989	$219,989	$219,989	$218,357	$218,357	$218,357	$213,142	$213,142	$213,142	$200,772	$200,772	$200,772
# of Pts on NGM	413	396	396	394	379	378	377	387	375	374	353	332
Average Cost per Patient	$533	$556	$556	$554	$576	$578	$565	$551	$568	$537	$569	$605

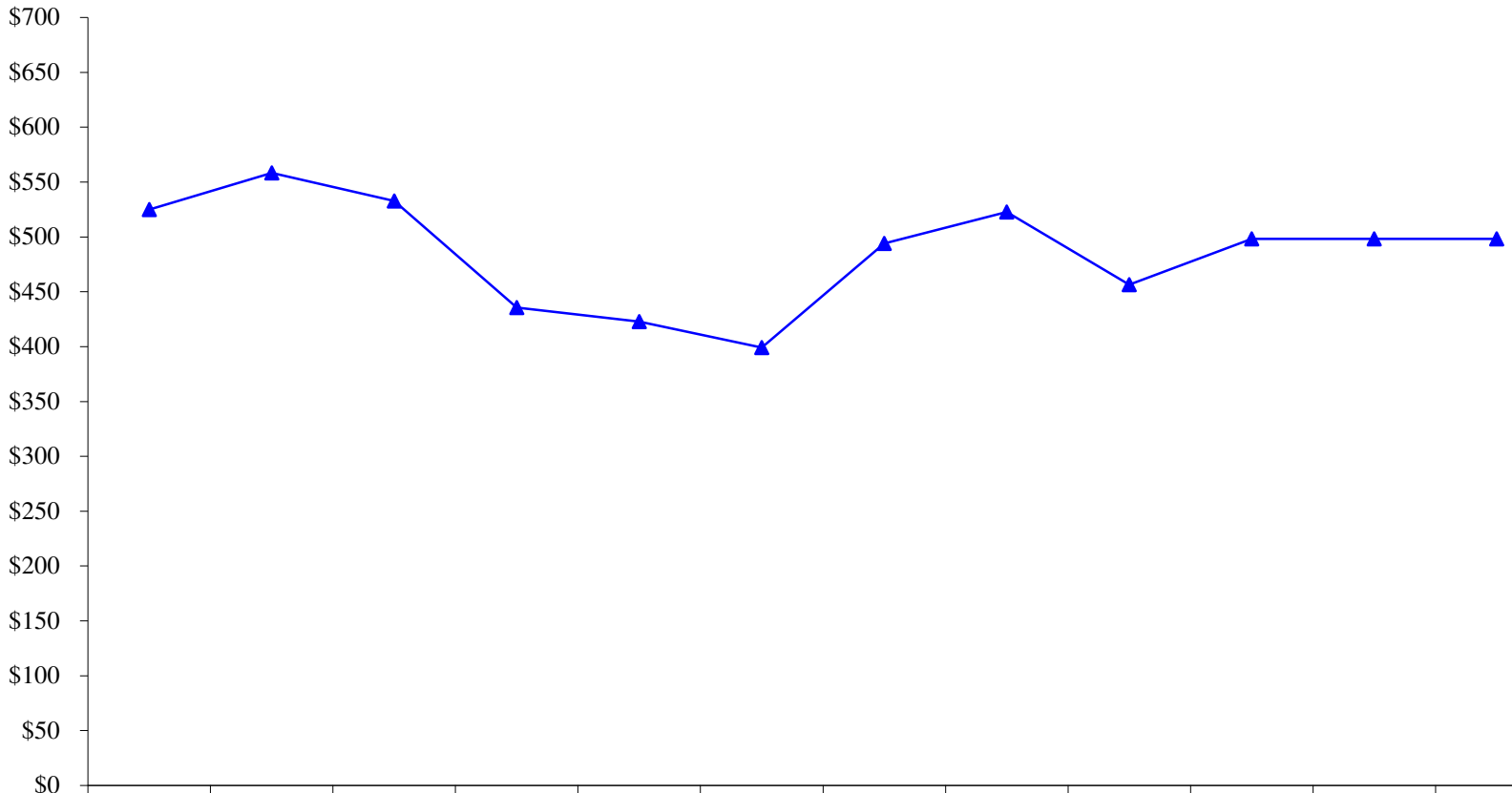
* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Waco Center for Youth

Average Cost of Antipsychotic Medications per Patient per Month



	Mar-10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Cost*	$35,168	$35,168	$35,168	$28,746	$28,746	$28,746	$36,067	$36,067	$36,067	$37,358	$37,358	$37,358
# of Pts on NGM	67	63	66	66	68	72	73	69	79	75	75	75
Average Cost per Patient	$525	$558	$533	$436	$423	$399	$494	$523	$457	$498	$498	$498

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Performance Measure 4C:

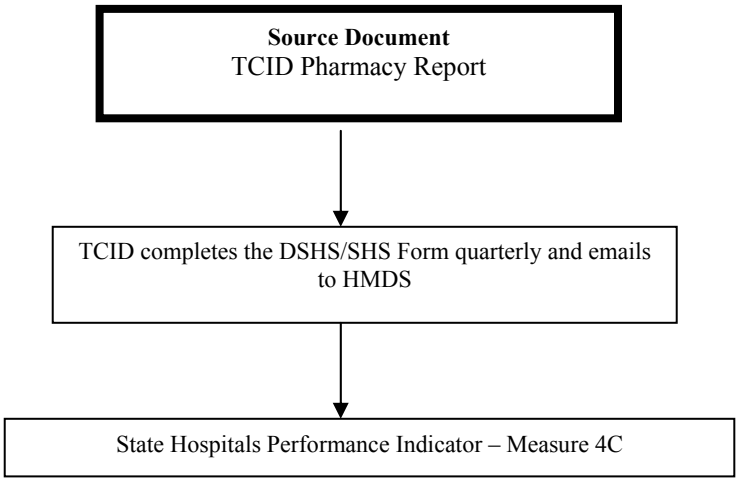
Analyze and report the cost of TB medications.

Performance Measure Operational Definition: TCID cost of TB medications will be monitored.

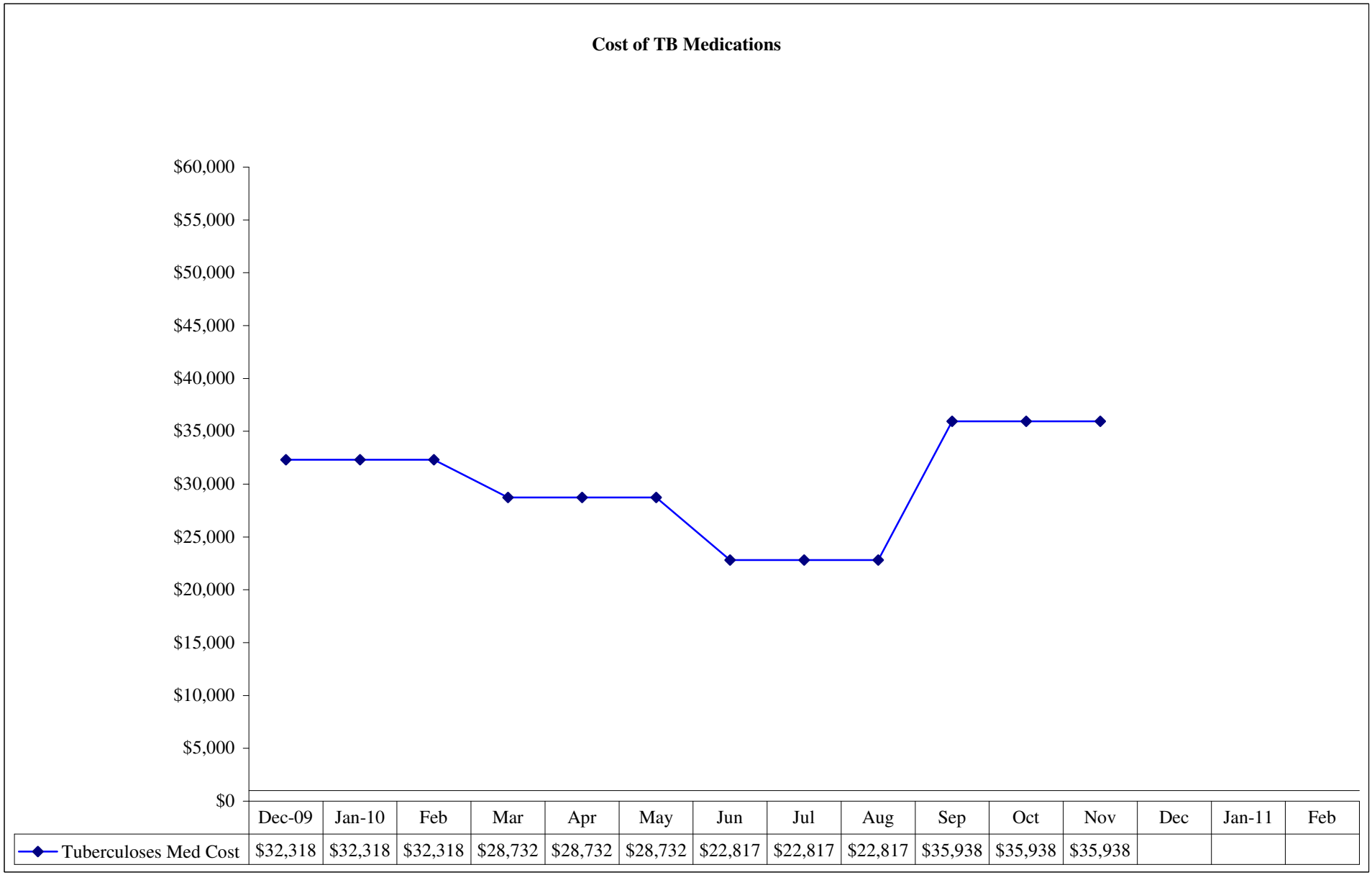
Performance Measure Formula:. No formula – continuous variable.

Performance Measure Data Display and Chart Description:
Table shows monthly cost of TB medications.

Data Flow:



Measure 4C - Cost of TB Medications
TCID



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Tuberculoses Med Cost	$32,318	$32,318	$32,318	$28,732	$28,732	$28,732	$22,817	$22,817	$22,817	$35,938	$35,938	$35,938			

Chart: Hospital Management Data Services

Source: TCID Form

Performance Measure 4D:

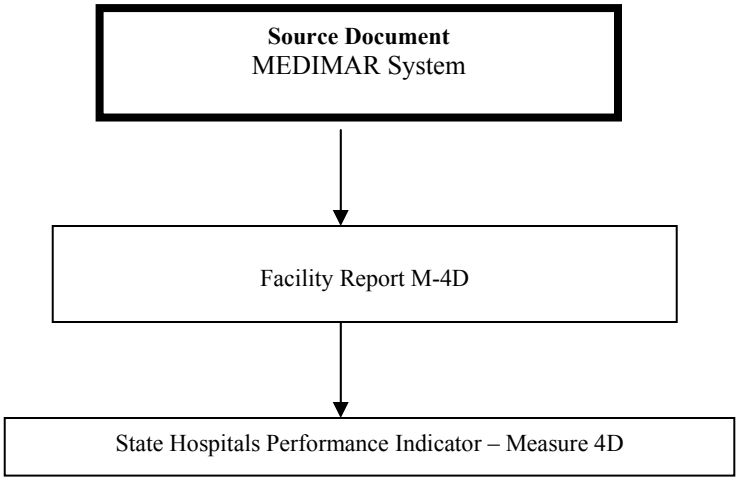
Report scan rates for medications administered utilizing MEDIMAR System.

Performance Measure Operational Definition: MediMAR System scan rates for medications.

Performance Measure Formula:. No formula – continuous variable.

Performance Measure Data Display and Chart Description:
Table shows each state mental hospital's scan rate per month.

Data Flow:



Measure 4D - Scan Rates for Meds Utilizing MediMAR System
System-Wide

FY2010

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
ASH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
BSSH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	92%
EPPC	86%	89%	93%	92%	92%	94%	91%	88%	94%	94%	94%	94%
KSH	99%	NA	NA	NA	NA	NA	87%	88%	98%	94%	99%	85%
NTSH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
RGSC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
RSH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SASH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
TSH	NA	NA	NA	NA	NA	NA	NA	NA	NA	77%	80%	84%
WCFY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

FY2011

	Sep-10	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug
ASH	NA	NA	84%	85%	83%	89%						
BSSH	93%	92%	93%	93%	92%	94%						
EPPC	93%	93%	90%	93%	92%	92%						
KSH	95%	90%	73%	97%	96%	99%						
NTSH - WF	0%	87%	90%	93%	95%	98%						
NTSH - V	0%	87%	86%	90%	91%	92%						
RGSC	57%	70%	64%	64%	64%	64%						
RSH	80%	88%	91%	74%	65%	66%						
SASH	87%	87%	87%	89%	89%	89%						
TSH	88%	90%	91%	90%	91%	91%						
WCFY	NA	NA	NA	NA	NA	NA						

NA = MediMAR has not been implemented at facility

Chart: Hospital Management Data Services

Source: Facility Report

GOAL 5: Assure Continuum of Care

Performance Objective 5A:

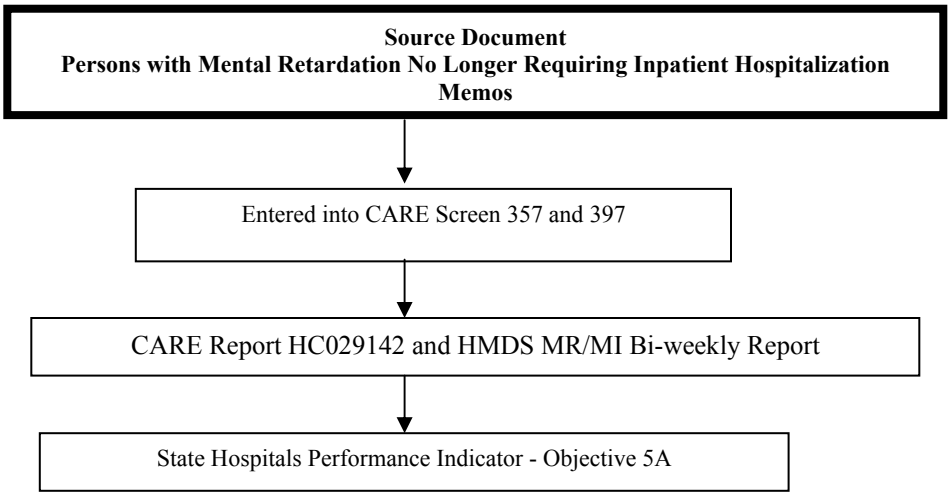
Report on discharge or transfer of dually diagnosed patients with mental illness and developmental disabilities within 30 days when these "Patients Are Determined to be Discharge Ready".

Performance Objective Operational Definition: All civilly committed dually diagnosed patients with mental illness and developmental disabilities in state mental health hospitals that have been discharged or transferred from the hospital must be placed within 30 days of being on the "Patients Determined to No Longer Be In Need of Inpatient Hospitalization list. This will be monitored on CARE screens 397 and 357. Performance is reviewed every 2 weeks according to the HC029142 Report and the bi-weekly HMDS MR/MI Report.

Performance Objective Formula:
R = Rate of dually diagnosed patients admitted every two weeks to the state hospitals.
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.
D = Number of admitted dually diagnosed patients who are eligible to be placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

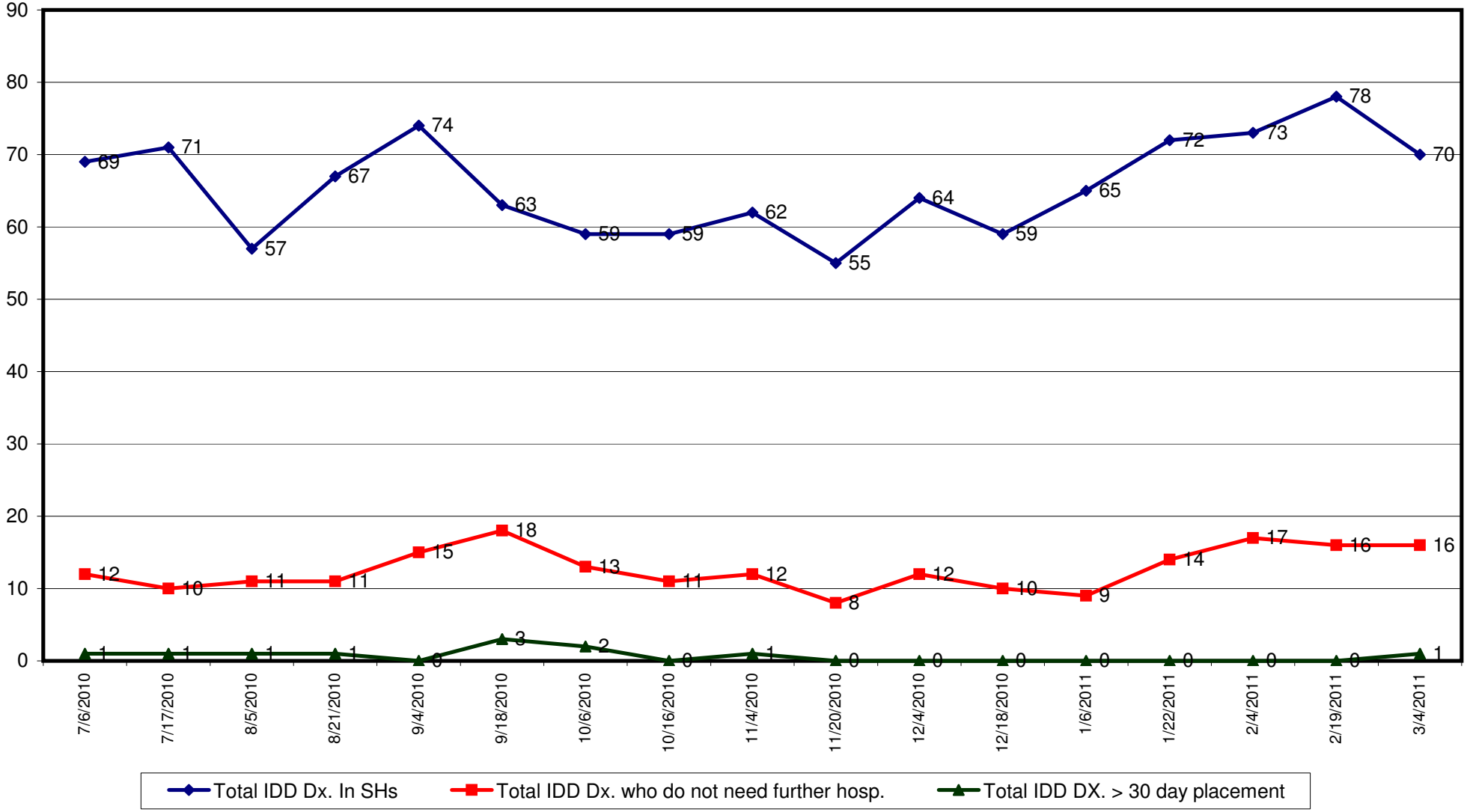
Performance Objective Data Display and Chart Description:
Chart with persons with MR Diagnosis in state mental health hospitals.

Data Flow:



Performance Objective - 5A
All State MH Hospitals

Persons with IDD Diagnosis in SHs



Performance Objective 5C:

Report quarterly patients having been in the State Psychiatric Hospital over 365 days. identified by four categories:

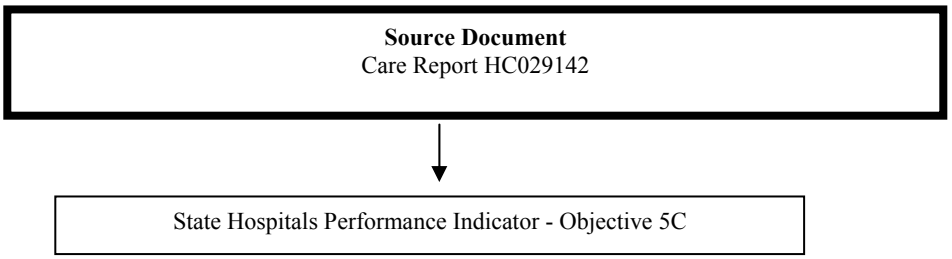
1. **Need continued hospitalization (Civil/Forensic);**
2. **Accepted for placement;**
3. **Barrier to placement, and**
4. **Criminal court involvement.**

The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.

Performance Objective Operational Definition: The number of patients having been in the State Psychiatric Hospital over 365 days will be monitored.

Performance Objective Data Display and Chart Description:
Chart with number of patients having been in the State Psychiatric Hospital over 365 days, identified by four categories.

Data Flow:



Objective 5C - Patients Having Been in the State Psychiatric Hospital Over 365 Days
All State Hospitals - FY2011

	Q1	Q2	Q3	Q4
Austin State Hospital	39	43		
Big Spring State Hospital	101	95		
El Paso Psychiatric Center	11	13		
Kerrville State Hospital	175	175		
North Texas State Hospital	93	97		
Rio Grande State Center	0	0		
Rusk State Hospital	118	117		
San Antonio State Hospital	92	85		
Terrell State Hospital	33	31		
Waco Center for Youth	1	1		
All State Hospitals	**663**	**657**		

Table: Hospital Management Data Services

Source: CWS/MJC Report

Performance Measure 5A:

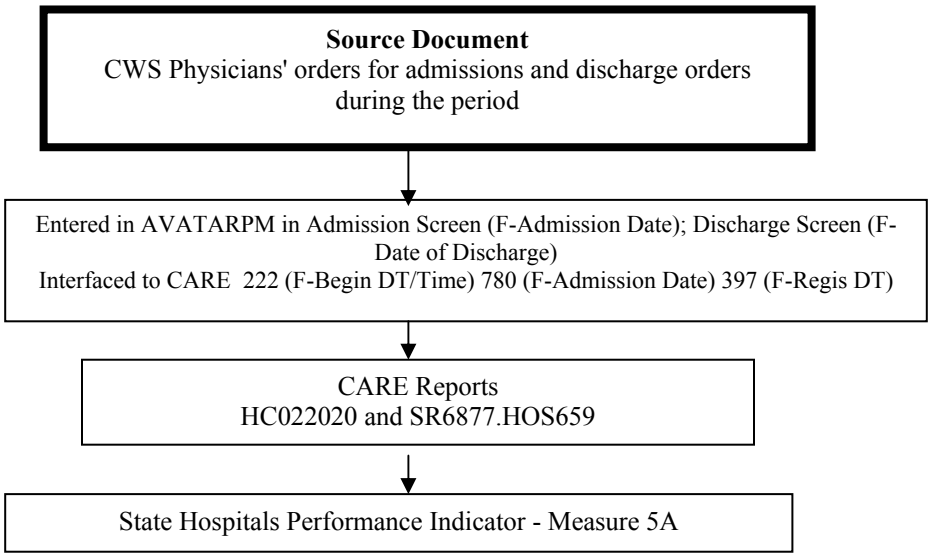
Calculate and report number and type of all admissions, discharges, and the percentage of patients new to the system.

Performance Measure Operational Definition: The hospital number of admissions and discharges to the same SMHF per mandated FYTD as calculated by CARE using data daily entered by each hospital. The new to the system rate is calculated by CARE using new to the system to any SMHF.

Performance Measure Data Display and Chart Description:

- Chart with monthly data points of total admissions, discharges and percent new to the system for individual state hospitals and system-wide.
- Chart with monthly data points of total year-to-date admissions and discharges for individual state hospitals and system-wide.
- Table shows total admissions (voluntary, involuntary [OPC, Emergency, Temporary, Extended, 46.02/03 and Other]), discharge and percent of new to the system per month for individual state hospitals and system-wide.

Data Flow:



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	1296	1247	1171	1237	1213	1136	1340	1312	1232	1219	1268	1304	1293	1258	1136	1163	1281	1086
Voluntary	131	127	119	118	132	108	132	138	126	116	109	146	127	108	110	99	124	121
Involuntary	1165	1120	1052	1119	1081	1028	1208	1174	1106	1103	1159	1158	1166	1150	1026	1064	1157	965
OPC	277	275	245	283	293	289	346	321	290	325	307	337	325	323	267	290	308	276
Emergency	576	590	547	553	559	497	556	586	528	513	563	535	572	558	490	485	576	455
Temporary	145	118	103	109	106	107	132	133	123	115	140	138	125	133	110	129	104	93
Extended	4	3	3	2	2	2	5	4	3	7	5	2	1	2	5	7	5	6
Forensic	141	119	140	157	99	108	147	113	145	122	121	127	121	121	131	131	146	119
Order for MR S	22	15	14	15	22	25	22	17	17	21	23	19	22	13	23	22	18	16
Discharges	1266	1322	1127	1277	1166	1119	1395	1253	1200	1262	1283	1293	1287	1254	1167	1252	1148	1079
% New to System	48%	48%	45%	44%	48%	49%	47%	48%	49%	50%	47%	48%	45%	49%	49%	48%	49%	46%

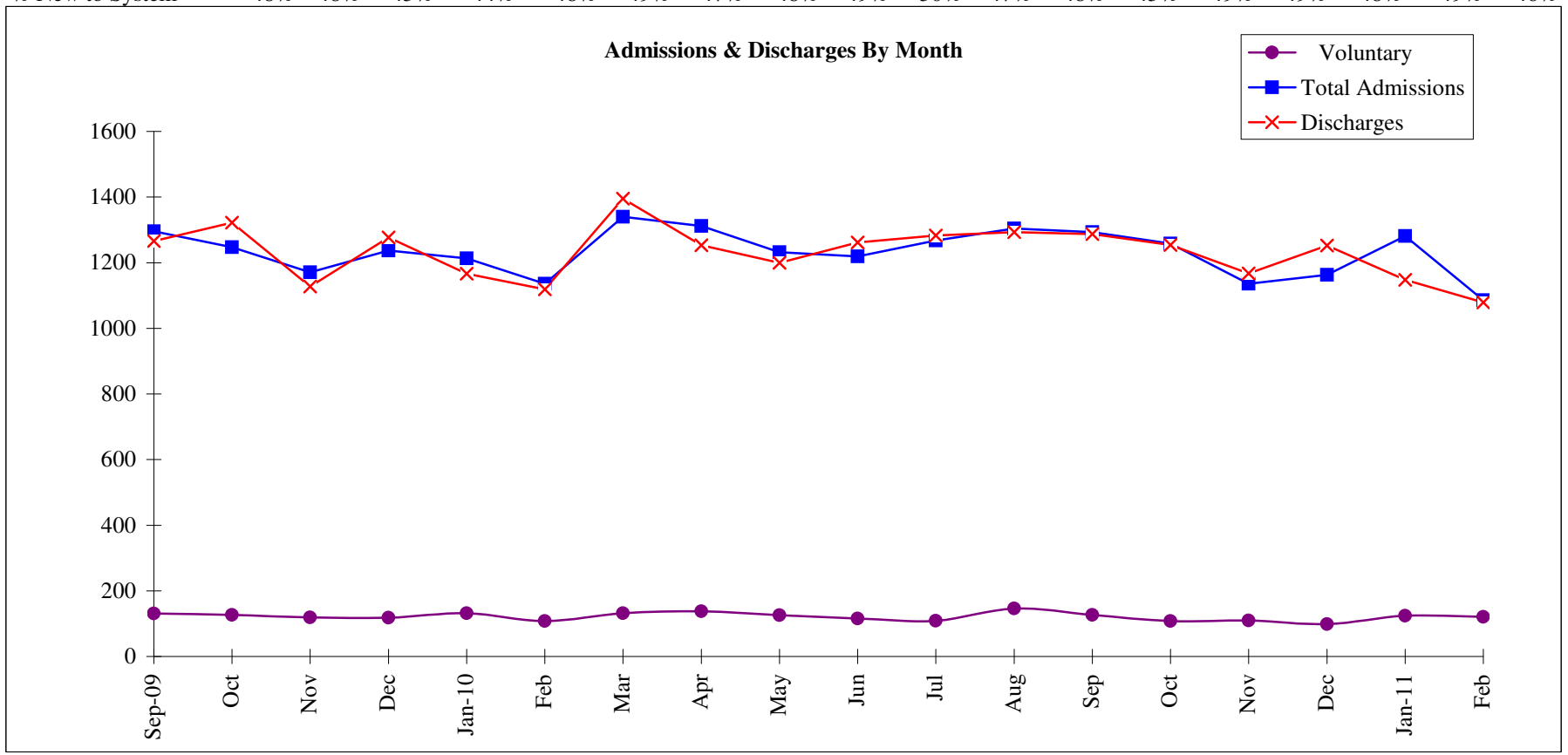
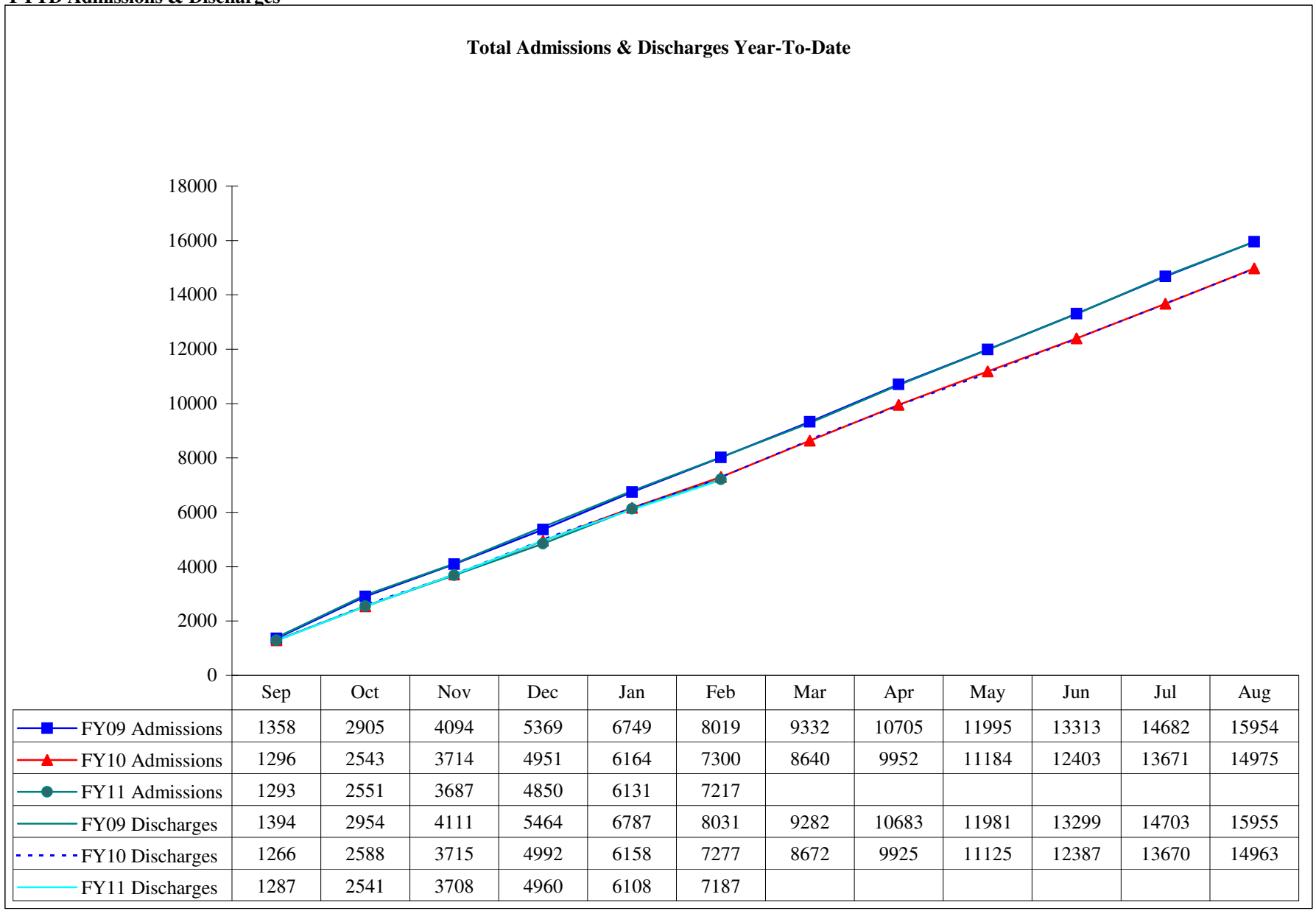


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
FYTD Admissions & Discharges

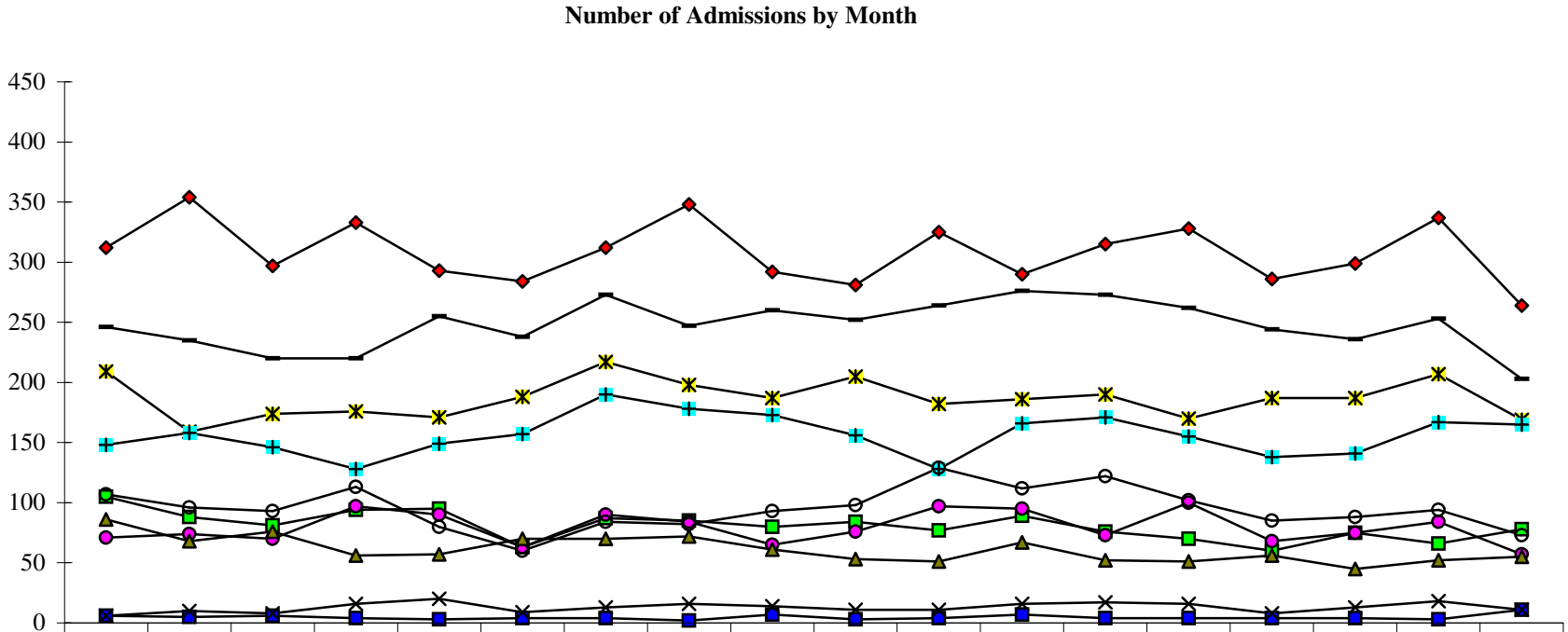


	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	1358	2905	4094	5369	6749	8019	9332	10705	11995	13313	14682	15954
FY10 Admissions	1296	2543	3714	4951	6164	7300	8640	9952	11184	12403	13671	14975
FY11 Admissions	1293	2551	3687	4850	6131	7217						
FY09 Discharges	1394	2954	4111	5464	6787	8031	9282	10683	11981	13299	14703	15955
FY10 Discharges	1266	2588	3715	4992	6158	7277	8672	9925	11125	12387	13670	14963
FY11 Discharges	1287	2541	3708	4960	6108	7187						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
Total Admissions by Month

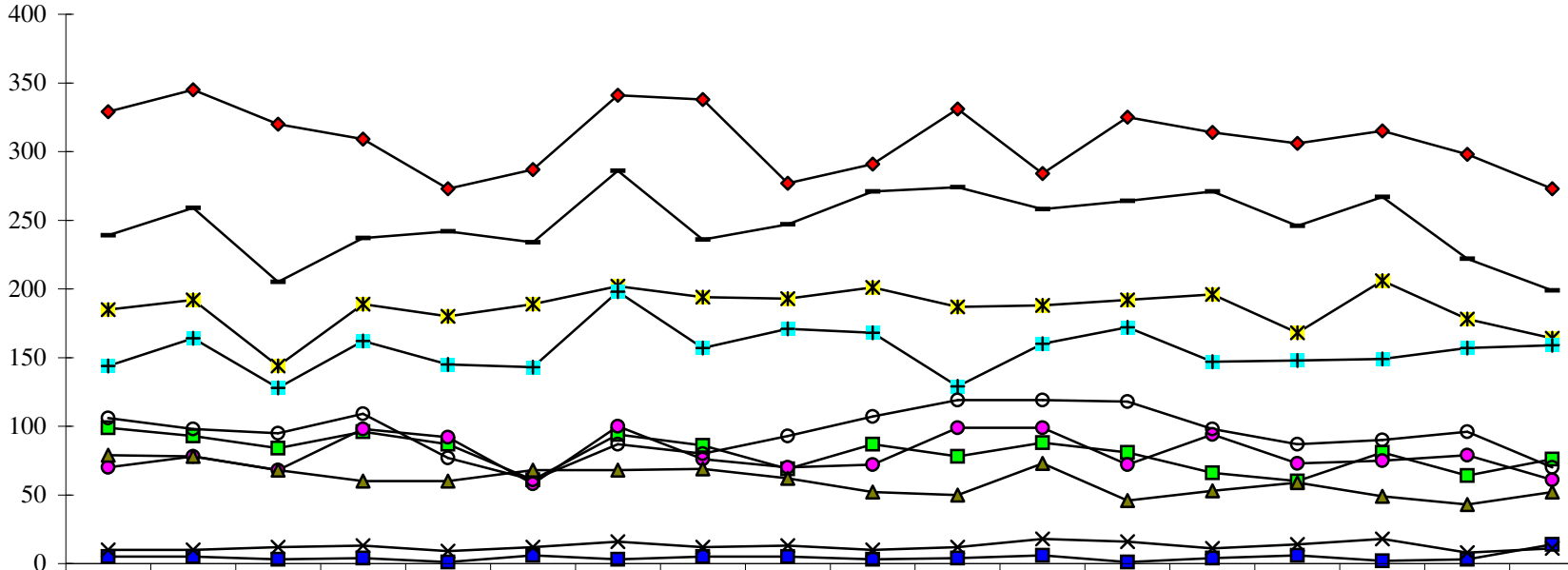


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ASH	312	354	297	333	293	284	312	348	292	281	325	290	315	328	286	299	337	264
BSSH	105	88	81	94	95	63	87	85	80	84	77	89	76	70	60	75	66	78
KSH	6	5	6	4	3	4	4	2	7	3	4	7	4	4	4	4	3	11
NTSH	209	159	174	176	171	188	217	198	187	205	182	186	190	170	187	187	207	169
RSH	71	74	70	97	90	63	90	84	65	76	97	95	73	100	68	75	84	57
SASH	148	158	146	128	149	157	190	178	173	156	128	166	171	155	138	141	167	165
TSH	246	235	220	220	255	238	273	247	260	252	264	276	273	262	244	236	253	203
WCFY	6	10	8	16	20	9	13	16	14	11	11	16	17	16	8	13	18	11
RGSC	107	96	93	113	80	60	84	82	93	98	129	112	122	102	85	88	94	73
EPPC	86	68	76	56	57	70	70	72	61	53	51	67	52	51	56	45	52	55

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
Total Discharges by Month



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ASH	329	345	320	309	273	287	341	338	277	291	331	284	325	314	306	315	298	273
BSSH	99	93	84	96	87	61	94	86	69	87	78	88	81	66	60	81	64	76
KSH	5	5	3	4	1	6	3	5	5	3	4	6	1	4	6	2	3	14
NTSH	185	192	144	189	180	189	202	194	193	201	187	188	192	196	168	206	178	164
RSH	70	78	68	98	92	58	100	76	70	72	99	99	72	94	73	75	79	61
SASH	144	164	128	162	145	143	198	157	171	168	129	160	172	147	148	149	157	159
TSH	239	259	205	237	242	234	286	236	247	271	274	258	264	271	246	267	222	199
WCFY	10	10	12	13	9	12	16	12	13	10	12	18	16	11	14	18	8	11
RGSC	106	98	95	109	77	61	87	80	93	107	119	119	118	98	87	90	96	70
EPPC	79	78	68	60	60	68	68	69	62	52	50	73	46	53	59	49	43	52

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Austin State Hospital
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	312	354	297	333	293	284	312	348	292	281	325	290	315	328	286	299	337	264
Voluntary	51	43	53	37	44	39	50	46	49	43	48	52	50	44	40	41	48	48
Involuntary	261	311	244	296	249	245	262	302	243	238	277	238	265	284	246	258	289	216
OPC	15	16	12	20	15	15	13	9	19	16	20	17	17	20	13	13	12	6
Emergency	223	271	209	239	219	204	222	258	202	198	228	203	218	232	208	222	238	189
Temporary	12	12	9	13	11	14	9	17	8	12	13	8	21	11	11	13	15	11
Extended	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2	0	3
Forensic	10	11	14	23	4	11	16	17	14	12	16	10	8	20	14	8	24	7
Order for MR Svc	1	1	0	1	0	1	0	1	0	0	0	0	1	1	0	0	0	0
Discharges	329	345	320	309	273	287	341	338	277	291	331	284	325	314	306	315	298	273
% New to System	51%	48%	45%	48%	51%	50%	48%	49%	49%	52%	48%	52%	44%	45%	48%	46%	48%	45%

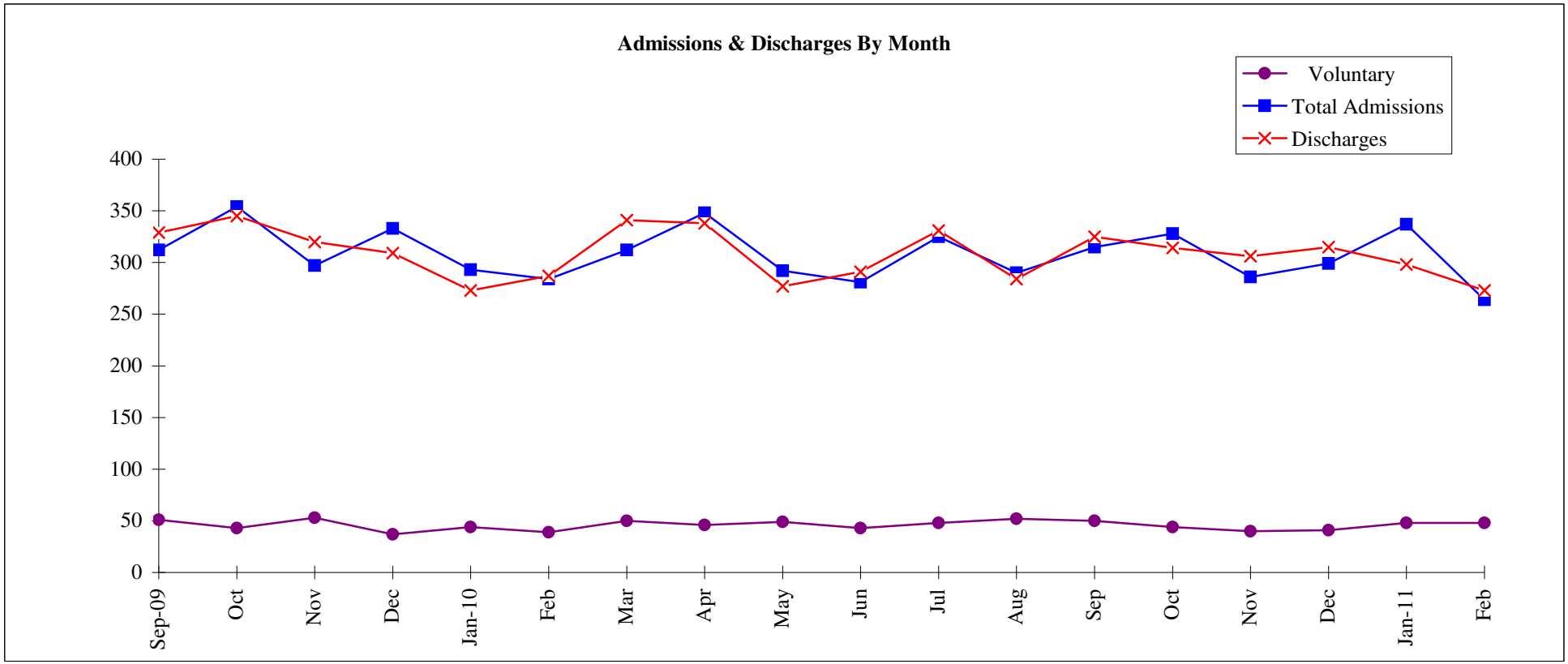
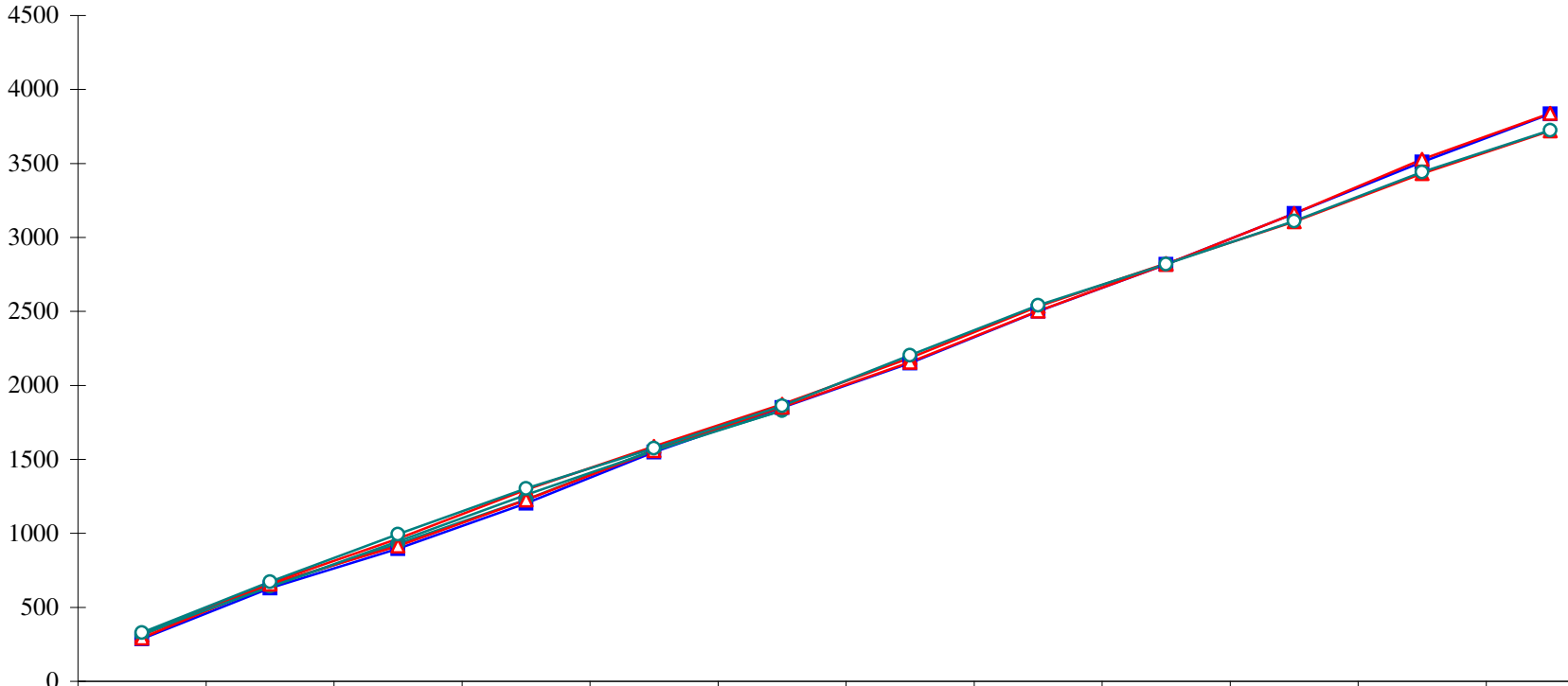


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Austin State Hospital
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	286	631	897	1203	1549	1849	2150	2501	2817	3161	3510	3834
FY10 Admissions	312	666	963	1296	1589	1873	2185	2533	2825	3106	3431	3721
FY11 Admissions	315	643	929	1228	1565	1829						
FY09 Discharges	293	656	914	1226	1560	1855	2156	2503	2817	3161	3527	3839
FY10 Discharges	329	674	994	1303	1576	1863	2204	2542	2819	3110	3441	3725
FY11 Discharges	325	639	945	1260	1558	1831						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Big Spring State Hospital
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	105	88	81	94	95	63	87	85	80	84	77	89	76	70	60	75	66	78
Voluntary	5	6	4	5	5	4	10	6	5	6	5	10	1	4	4	5	3	7
Involuntary	100	82	77	89	90	59	77	79	75	78	72	79	75	66	56	70	63	71
OPC	11	6	8	14	12	10	11	17	9	8	6	10	11	5	5	7	6	12
Emergency	75	63	58	59	63	41	54	58	58	60	57	60	49	55	37	48	46	40
Temporary	3	0	3	2	0	0	1	0	0	1	2	1	1	1	2	1	2	3
Extended	1	0	0	0	1	0	0	0	0	1	0	0	0	0	2	0	0	0
Forensic	7	11	6	13	6	6	7	4	7	8	6	6	13	3	5	13	9	16
Order for MR	3	2	2	1	8	2	4	0	1	0	1	2	1	2	5	1	0	0
Discharges	99	93	84	96	87	61	94	86	69	87	78	88	81	66	60	81	64	76
% New to System	46%	36%	44%	38%	22%	33%	36%	51%	35%	40%	39%	42%	34%	50%	28%	36%	36%	38%

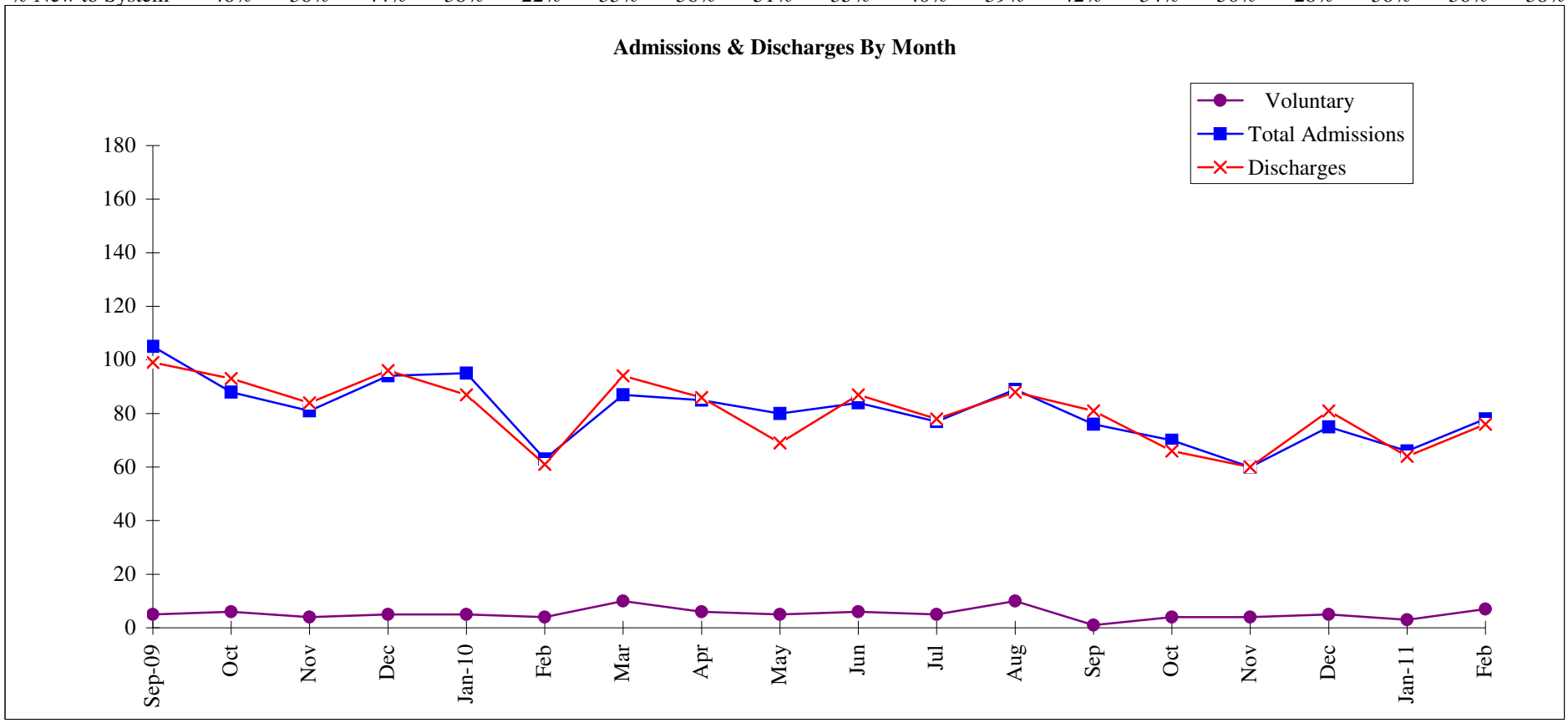
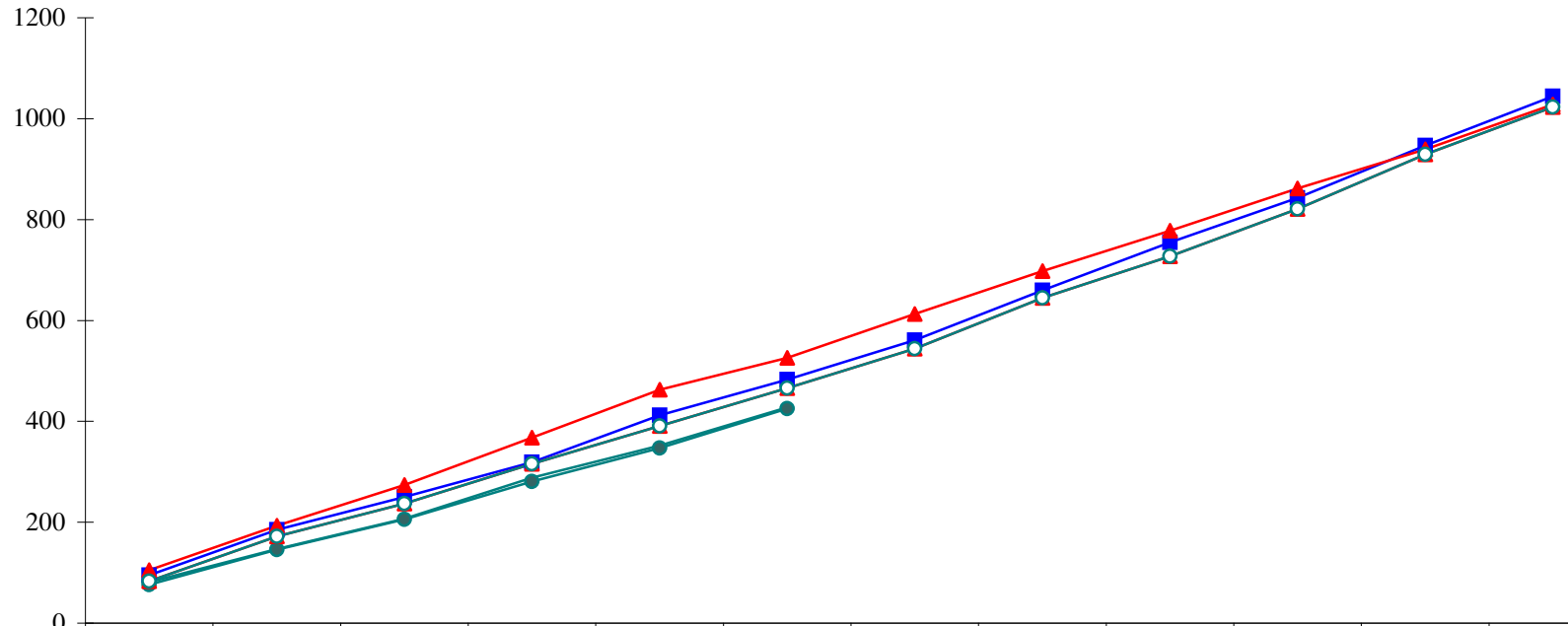


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Big Spring State Hospital
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	95	185	250	319	412	483	561	660	755	843	947	1044
FY10 Admissions	105	193	274	368	463	526	613	698	778	862	939	1028
FY11 Admissions	76	146	206	281	347	425						
FY09 Discharges	83	172	237	316	391	466	544	645	727	821	929	1023
FY09 Discharges	83	172	237	316	391	466	544	645	727	821	929	1023
FY11 Discharges	81	147	207	288	352	428						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
El Paso Psychiatric Center
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	86	68	76	56	57	70	70	72	61	53	51	67	52	51	56	45	52	55
Voluntary	45	30	29	30	29	31	34	46	23	17	24	36	25	22	30	19	14	24
Involuntary	41	38	47	26	28	39	36	26	38	36	27	31	27	29	26	26	38	31
OPC	0	4	0	1	1	0	2	0	1	0	2	8	4	4	3	5	3	9
Emergency	34	31	36	20	26	31	23	21	25	24	19	16	20	18	14	13	29	18
Temporary	5	3	6	4	1	4	9	3	8	9	6	5	3	5	5	4	4	2
Extended	1	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0
Forensic	1	0	5	0	0	4	2	1	3	3	0	2	0	2	4	4	2	2
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	79	78	68	60	60	68	68	69	62	52	50	73	46	53	59	49	43	52
% New to System	53%	56%	41%	45%	56%	47%	46%	53%	51%	47%	59%	48%	44%	49%	55%	53%	40%	43%

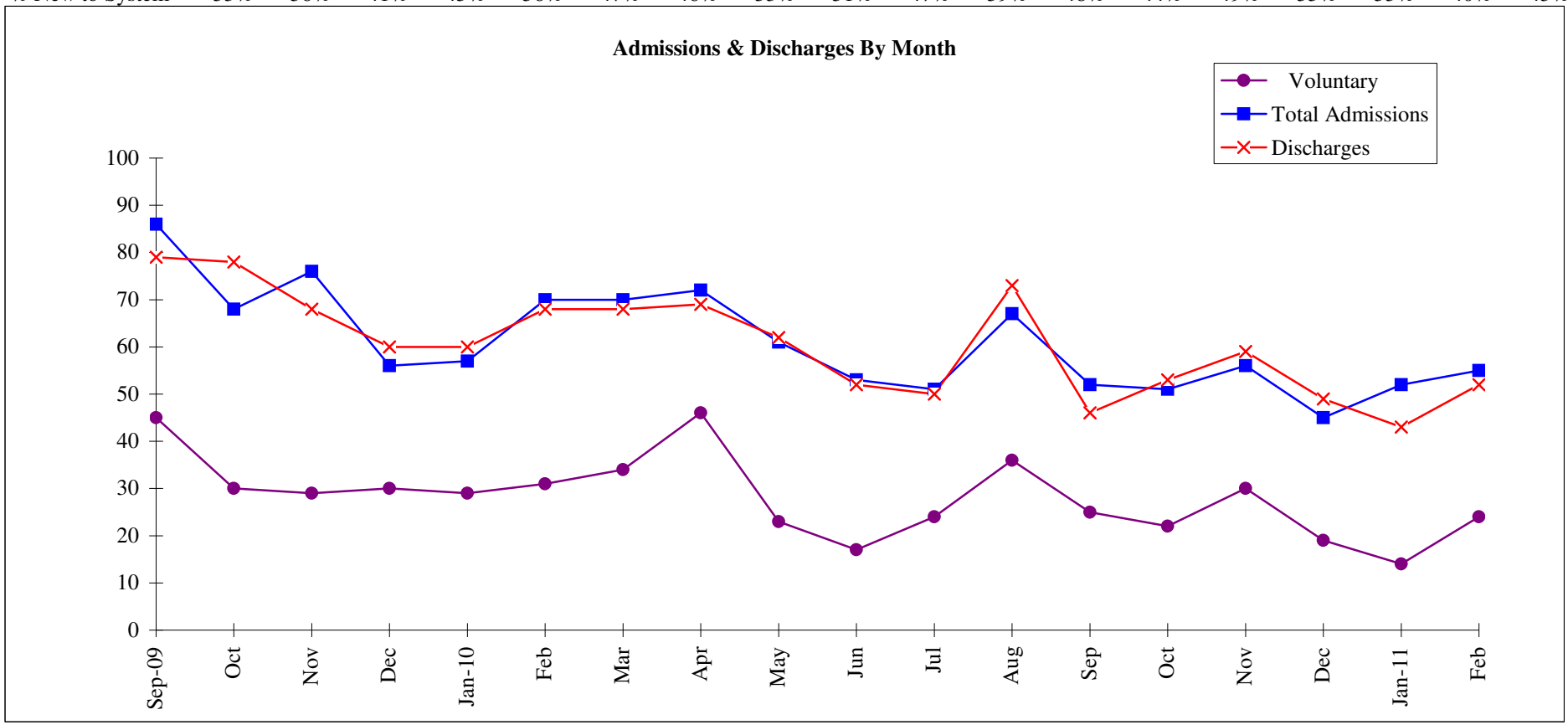
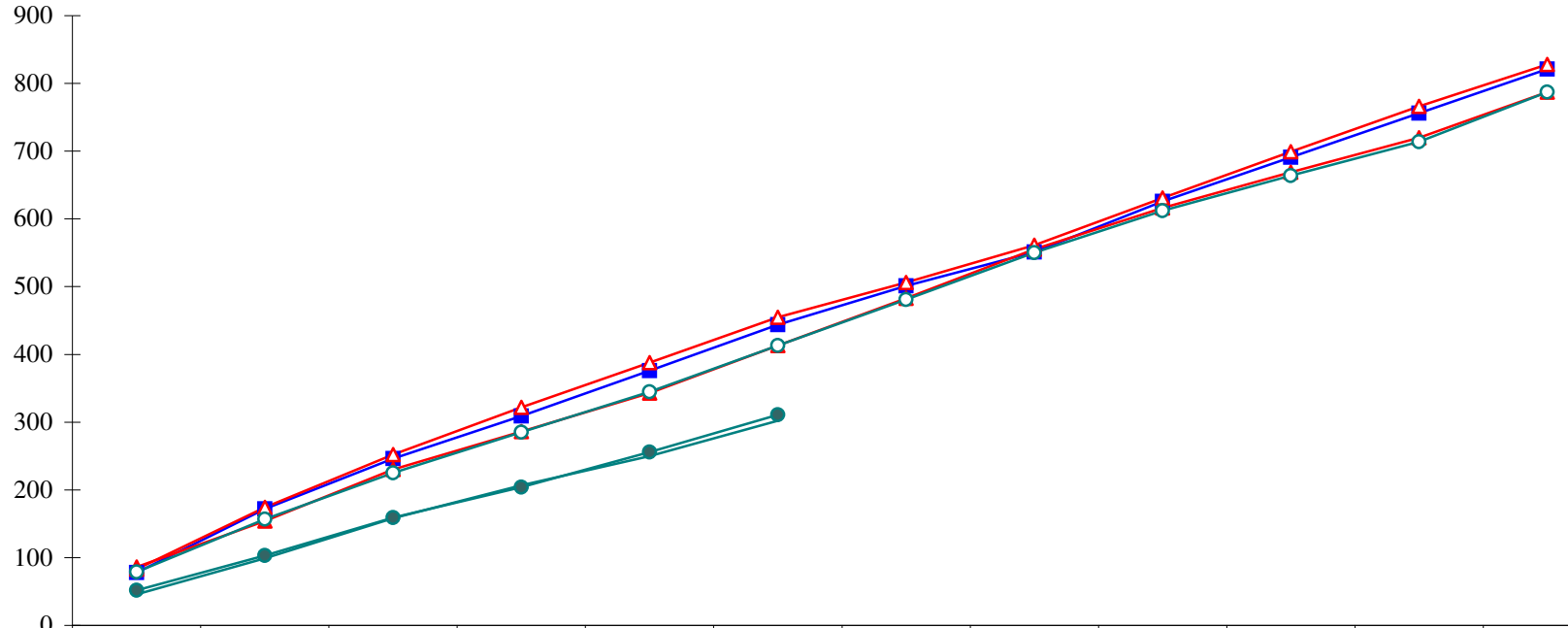


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
El Paso Psychiatric Center
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	78	172	246	309	376	444	501	551	626	691	756	821
FY10 Admissions	86	154	230	286	343	413	483	555	616	669	720	787
FY11 Admissions	52	103	159	204	256	311						
FY09 Discharges	83	174	252	322	388	455	506	561	631	699	766	828
FY10 Discharges	79	157	225	285	345	413	481	550	612	664	714	787
FY11 Discharges	46	99	158	207	250	302						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Kerrville State Hospital
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	6	5	6	4	3	4	4	2	7	3	4	7	4	4	4	4	3	11
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary	6	5	6	4	3	4	4	2	7	3	4	7	4	4	4	4	3	11
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	6	5	6	4	3	4	4	2	7	3	4	7	4	4	4	4	3	11
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	5	5	3	4	1	6	3	5	5	3	4	6	1	4	6	2	3	14
% New to System	0%	0%	0%	0%	0%	0%	0%	0%	14%	0%	0%	0%	0%	0%	0%	0%	0%	0%

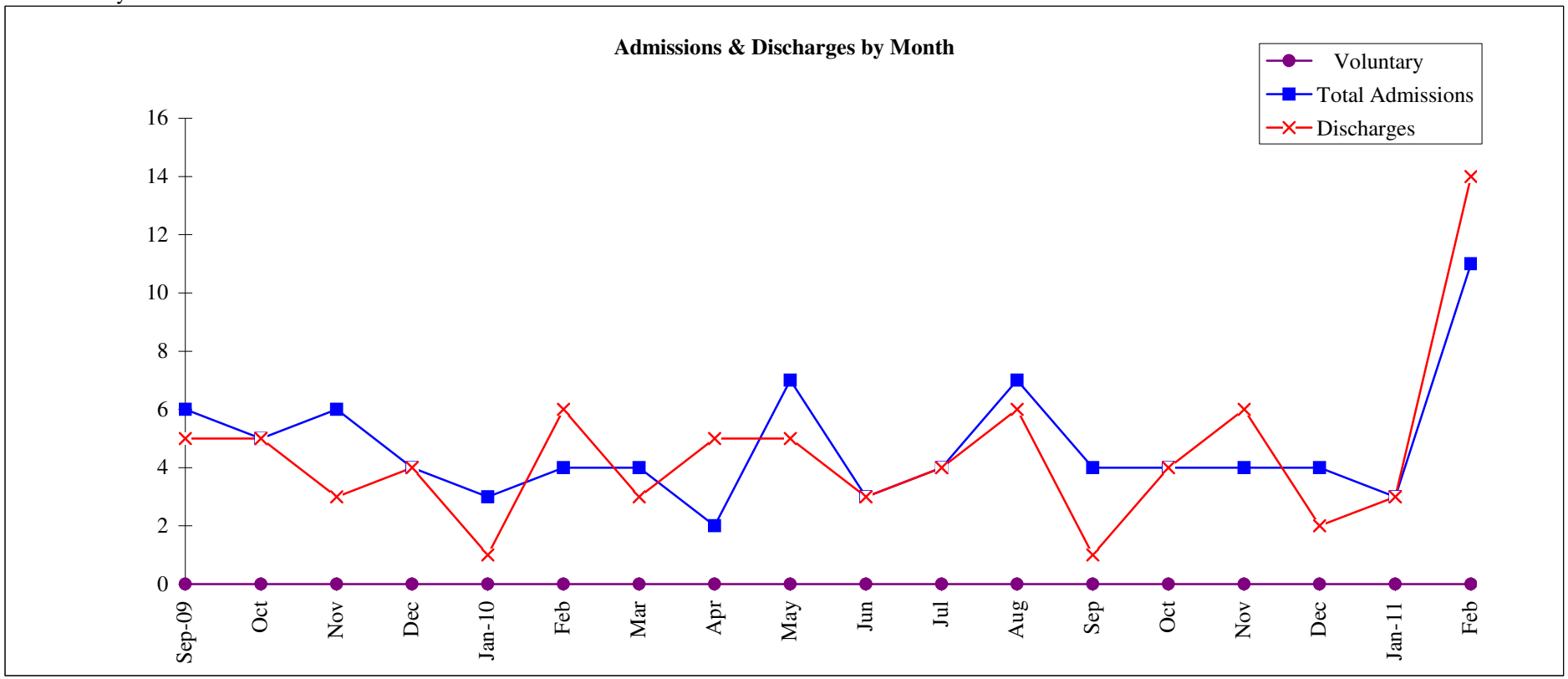
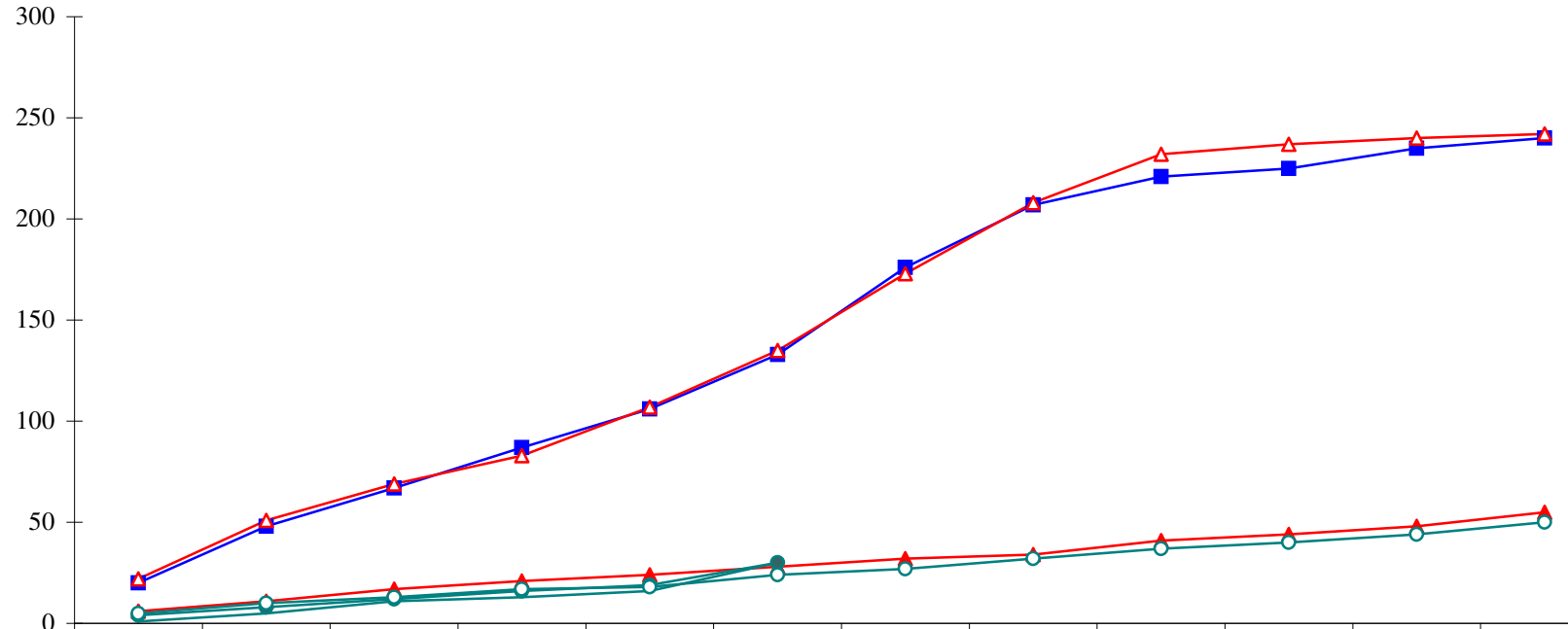


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Kerrville State Hospital
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	20	48	67	87	106	133	176	207	221	225	235	240
FY10 Admissions	6	11	17	21	24	28	32	34	41	44	48	55
FY11 Admissions	4	8	12	16	19	30						
FY09 Discharges	22	51	69	83	107	135	173	208	232	237	240	242
FY10 Discharges	5	10	13	17	18	24	27	32	37	40	44	50
FY11 Discharges	1	5	11	13	16	30						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
North Texas State Hospital
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	209	159	174	176	171	188	217	198	187	205	182	186	190	170	187	187	207	169
Voluntary	5	4	5	3	2	7	6	3	4	5	4	2	3	4	2	5	9	5
Involuntary	204	155	169	173	169	181	211	195	183	200	178	184	187	166	185	182	198	164
OPC	21	15	15	20	19	16	16	15	16	18	16	17	13	11	15	16	29	26
Emergency	35	32	31	23	40	52	55	59	40	35	30	31	49	43	47	37	55	40
Temporary	66	50	46	48	50	49	62	55	51	68	67	68	48	60	55	51	44	39
Extended	1	0	1	0	0	0	2	0	0	2	0	1	0	0	0	0	2	0
Forensic	64	47	66	71	48	45	61	53	61	61	50	53	63	45	51	63	51	45
Order for MR	17	11	10	11	12	19	15	13	15	16	15	14	14	7	17	15	17	14
Discharges	185	192	144	189	180	189	202	194	193	201	187	188	192	196	168	206	178	164
% New to System	52%	47%	49%	43%	55%	54%	54%	46%	51%	53%	54%	48%	48%	55%	61%	48%	60%	49%

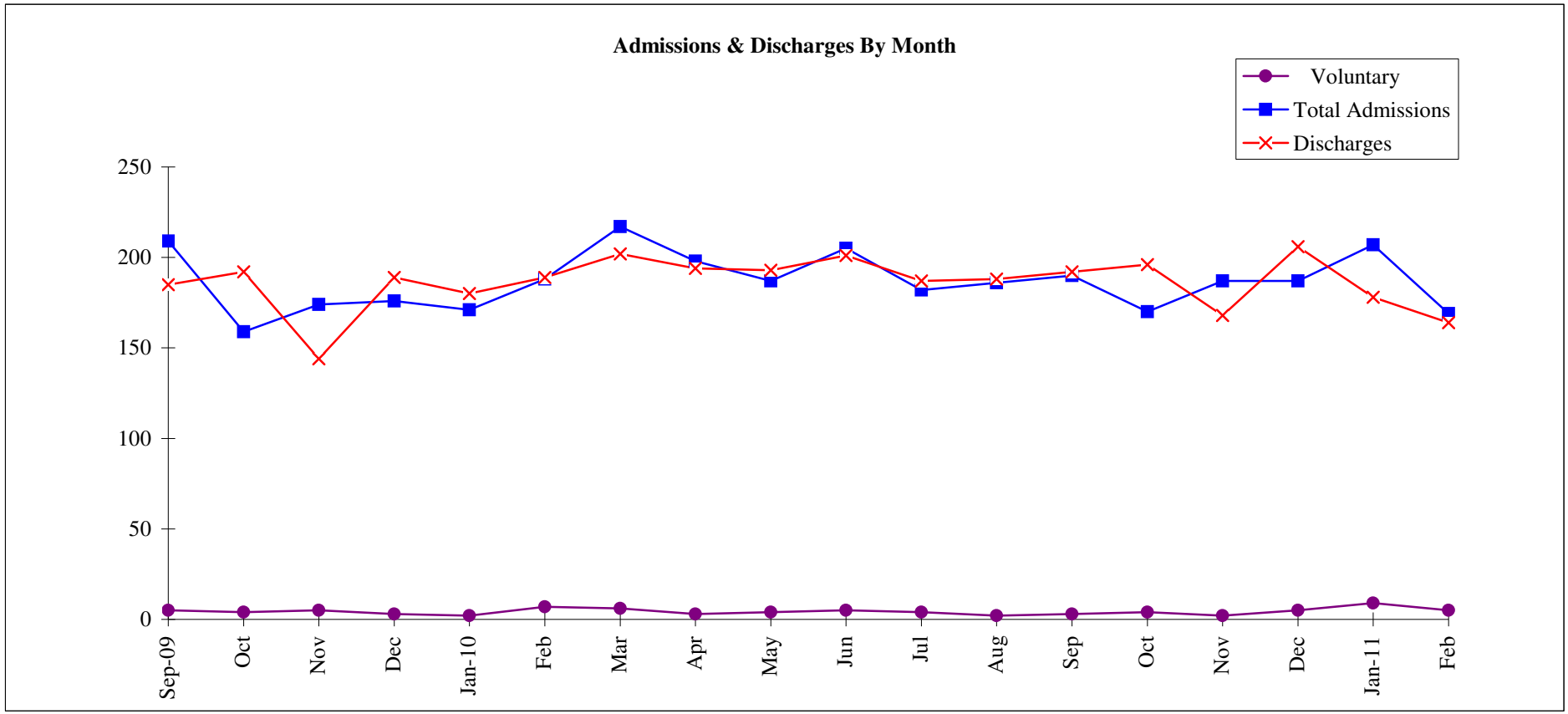
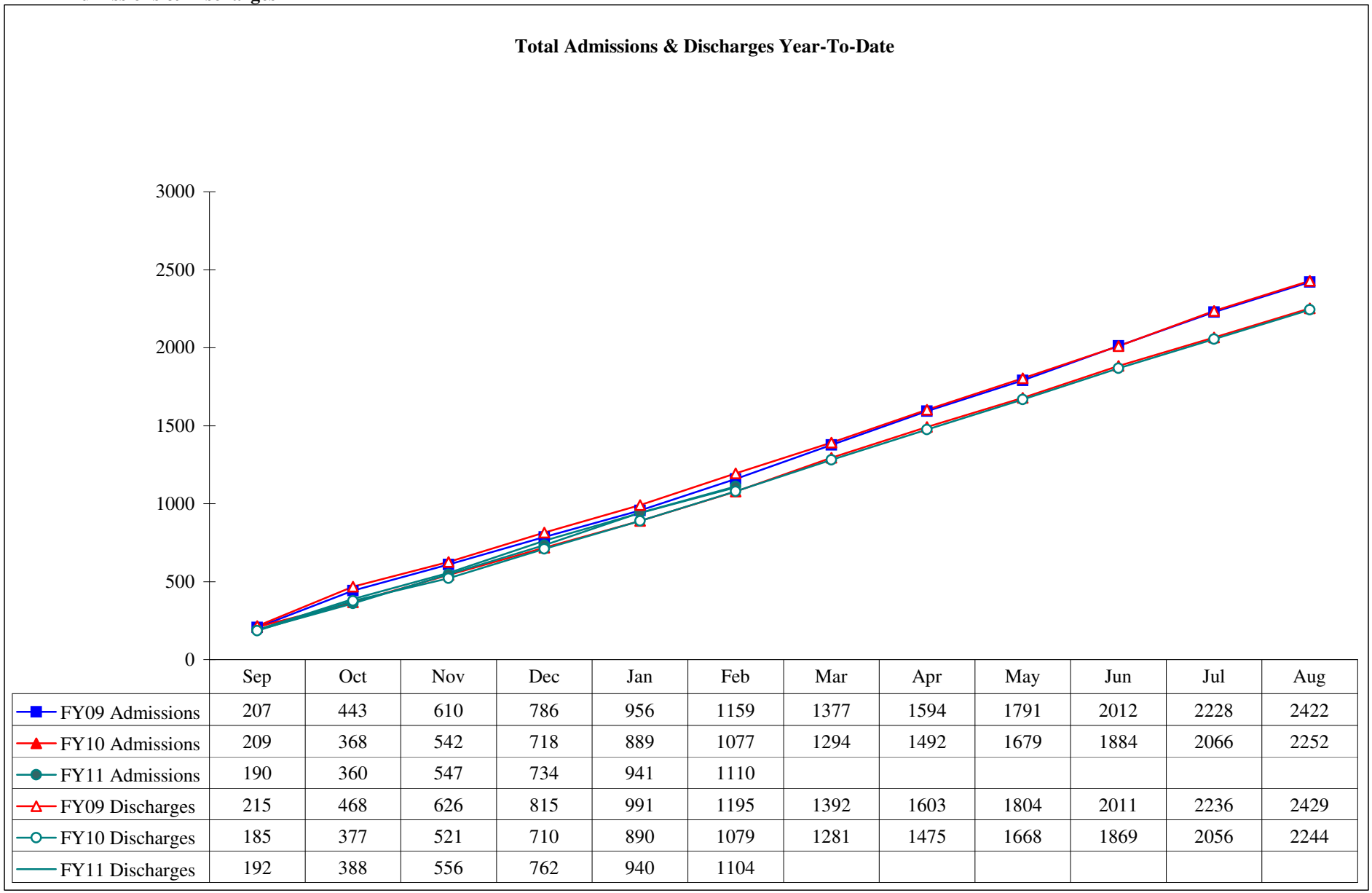


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
North Texas State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	207	443	610	786	956	1159	1377	1594	1791	2012	2228	2422
FY10 Admissions	209	368	542	718	889	1077	1294	1492	1679	1884	2066	2252
FY11 Admissions	190	360	547	734	941	1110						
FY09 Discharges	215	468	626	815	991	1195	1392	1603	1804	2011	2236	2429
FY10 Discharges	185	377	521	710	890	1079	1281	1475	1668	1869	2056	2244
FY11 Discharges	192	388	556	762	940	1104						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Rio Grande State Center
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	107	96	93	113	80	60	84	82	93	98	129	112	122	102	85	88	94	73
Voluntary	3	11	8	13	10	3	4	5	6	10	6	8	5	4	2	1	5	4
Involuntary	104	85	85	100	70	57	80	77	87	88	123	104	117	98	83	87	89	69
OPC	0	2	0	0	3	0	1	3	0	0	1	0	1	1	1	1	1	0
Emergency	101	81	85	100	67	57	79	73	84	86	121	104	114	94	80	84	87	69
Temporary	1	0	0	0	0	0	0	0	1	1	0	0	2	1	0	1	0	0
Extended	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	2	1	0	0	0	0	0	1	2	1	0	0	0	2	2	1	1	0
Order for MR	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Discharges	106	98	95	109	77	61	87	80	93	107	119	119	118	98	87	90	96	70
% New to System	51%	46%	56%	51%	46%	43%	51%	50%	55%	57%	51%	61%	48%	49%	49%	58%	57%	49%

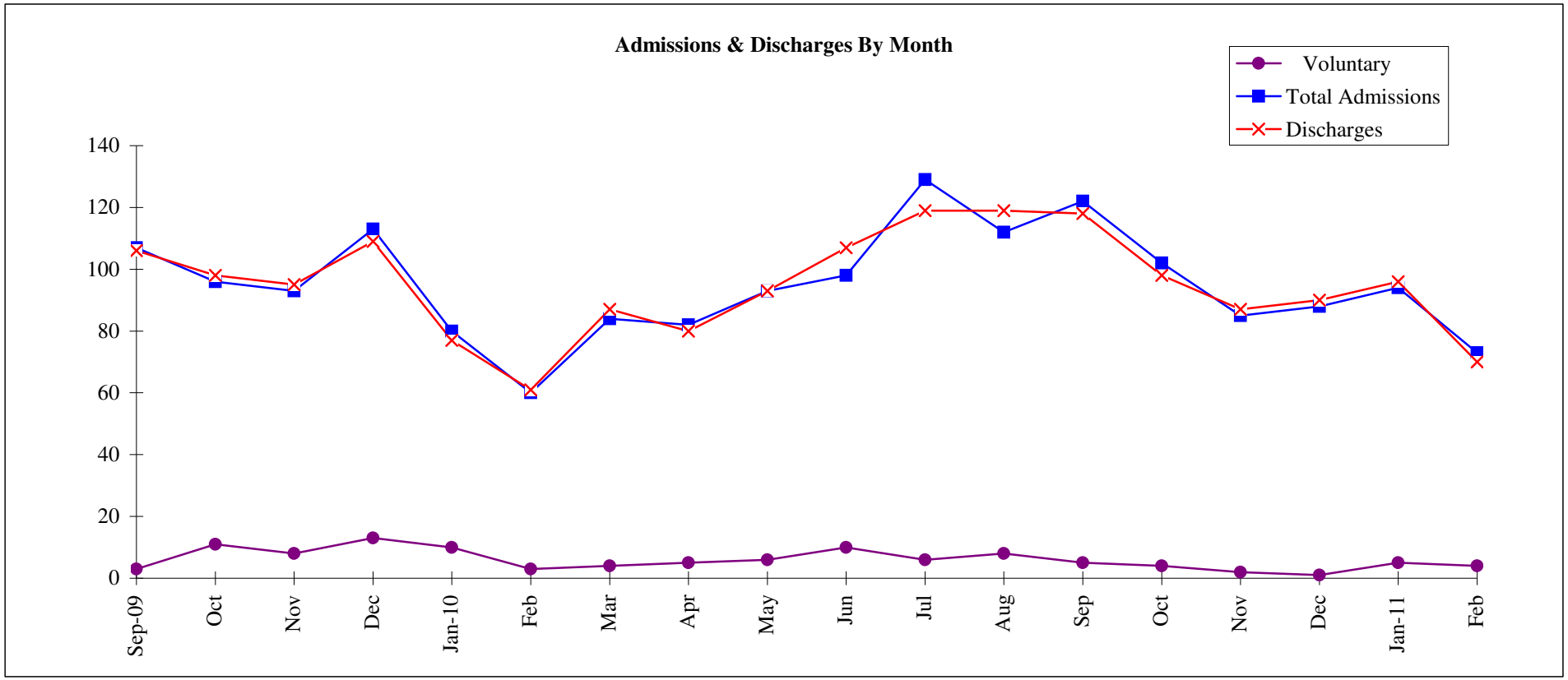
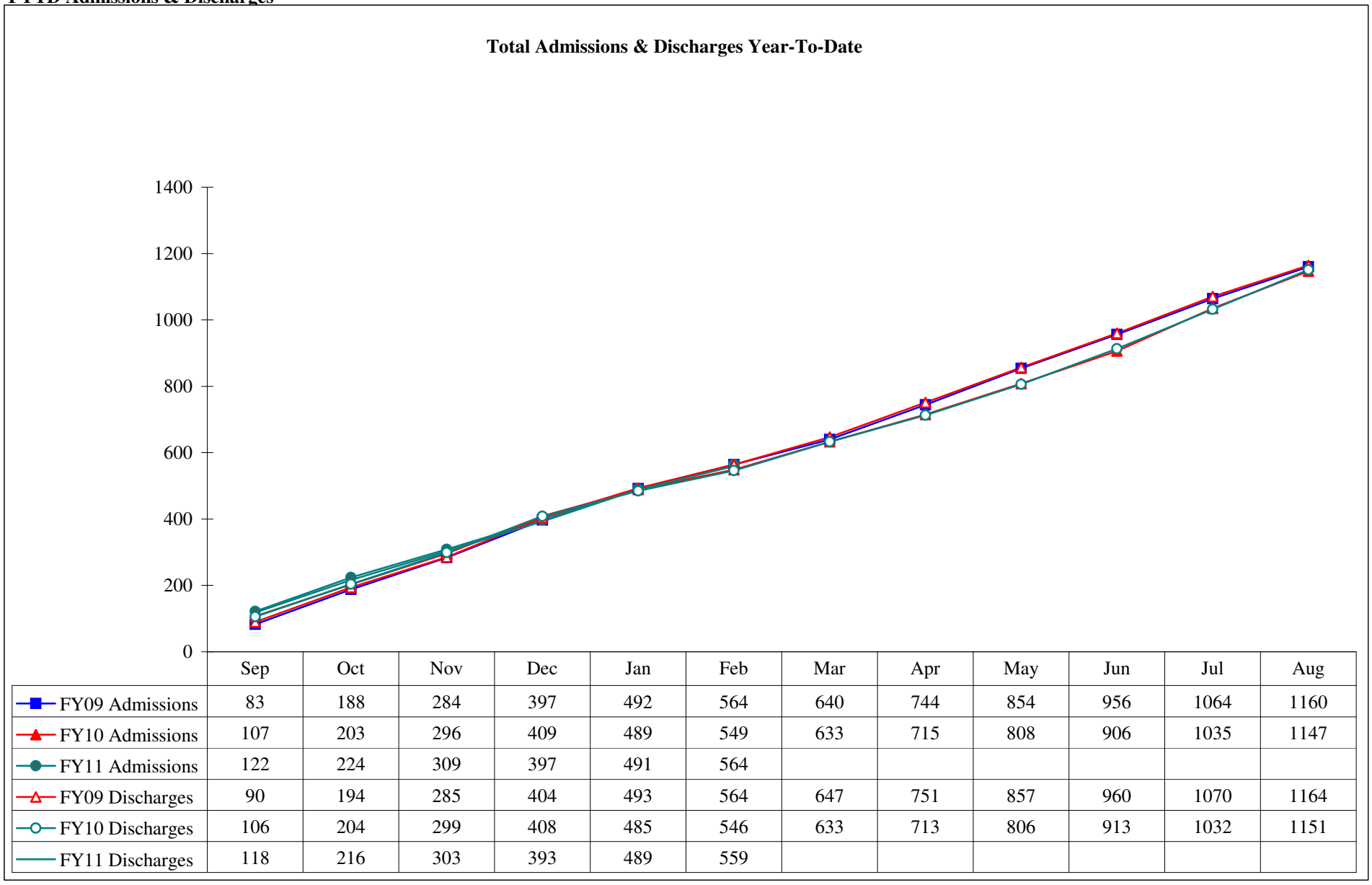


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Rio Grande State Center
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	83	188	284	397	492	564	640	744	854	956	1064	1160
FY10 Admissions	107	203	296	409	489	549	633	715	808	906	1035	1147
FY11 Admissions	122	224	309	397	491	564						
FY09 Discharges	90	194	285	404	493	564	647	751	857	960	1070	1164
FY10 Discharges	106	204	299	408	485	546	633	713	806	913	1032	1151
FY11 Discharges	118	216	303	393	489	559						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Rusk State Hospital
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	71	74	70	97	90	63	90	84	65	76	97	95	73	100	68	75	84	57
Voluntary	0	1	0	1	1	0	2	1	0	2	0	1	0	0	1	0	1	0
Involuntary	71	73	70	96	89	63	88	83	65	74	97	94	73	100	67	75	83	57
OPC	21	25	23	27	33	17	38	36	26	22	23	27	25	32	17	27	25	19
Emergency	21	22	28	41	32	22	19	18	17	31	43	34	29	40	24	21	24	18
Temporary	6	3	4	5	9	6	8	8	5	4	7	13	7	6	5	6	6	8
Extended	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	1	0
Forensic	23	23	15	23	15	18	23	21	17	16	23	20	12	22	20	21	27	12
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	70	78	68	98	92	58	100	76	70	72	99	99	72	94	73	75	79	61
% New to System	35%	43%	37%	42%	48%	37%	49%	43%	31%	47%	44%	49%	47%	49%	41%	45%	31%	47%

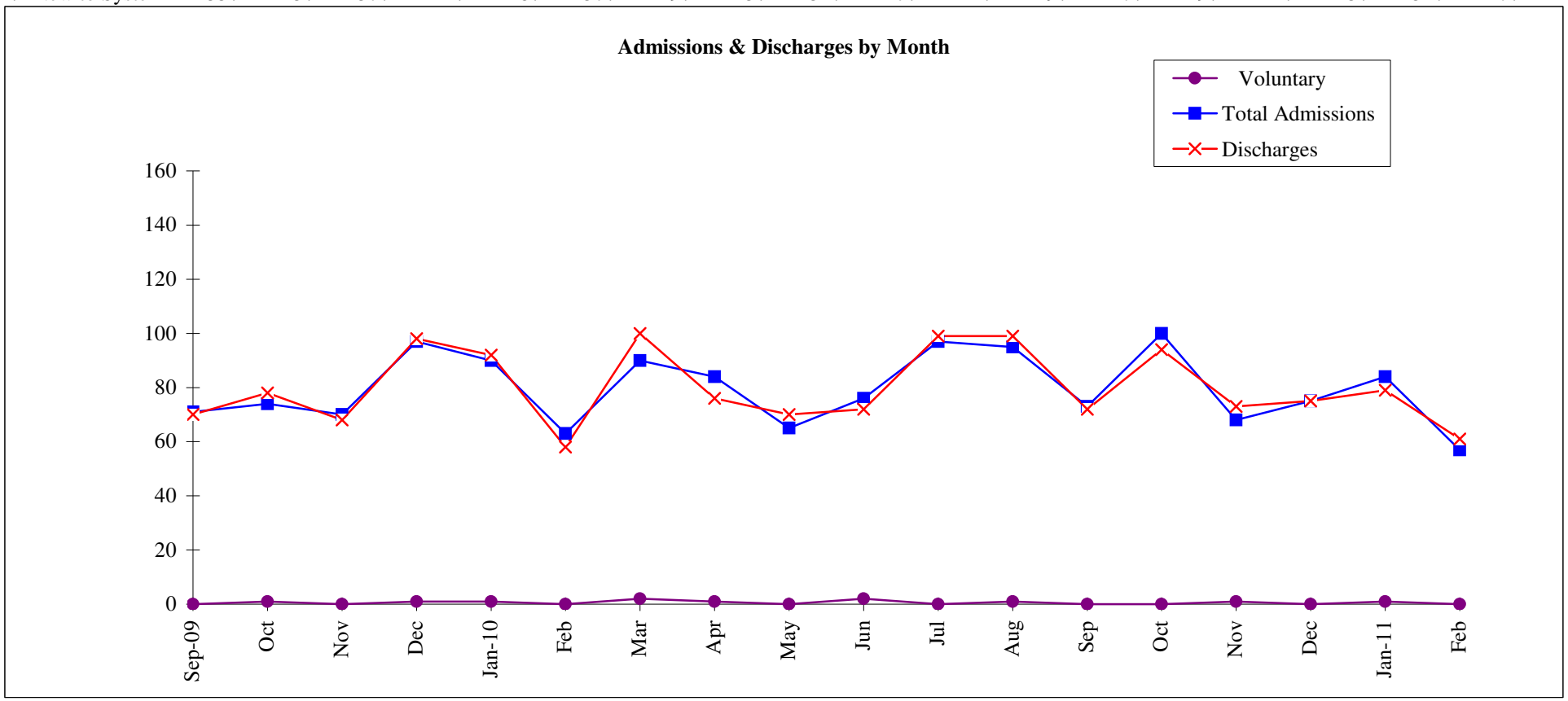
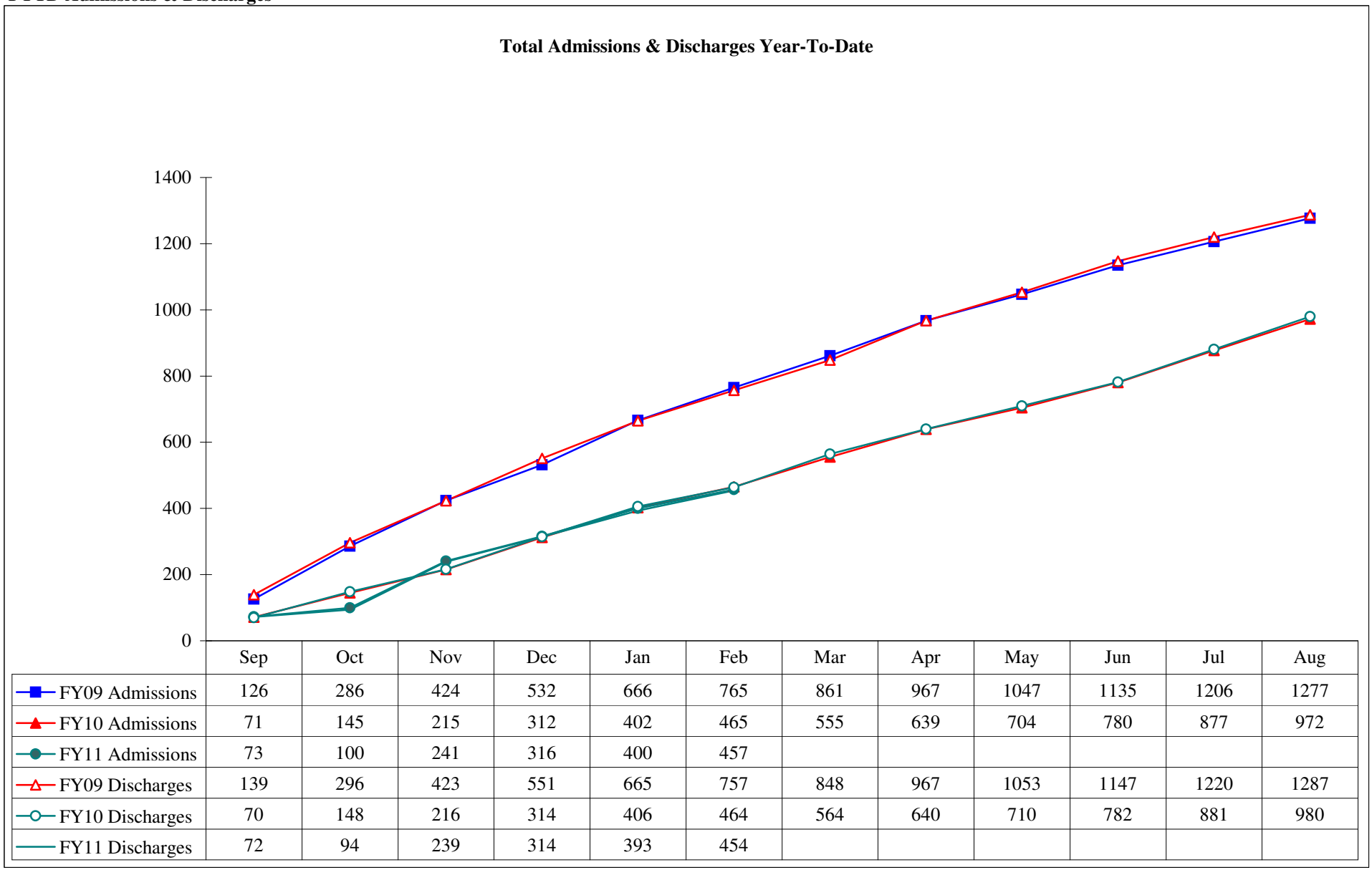


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Rusk State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	126	286	424	532	666	765	861	967	1047	1135	1206	1277
FY10 Admissions	71	145	215	312	402	465	555	639	704	780	877	972
FY11 Admissions	73	100	241	316	400	457						
FY09 Discharges	139	296	423	551	665	757	848	967	1053	1147	1220	1287
FY10 Discharges	70	148	216	314	406	464	564	640	710	782	881	980
FY11 Discharges	72	94	239	314	393	454						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
San Antonio State Hospital
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	148	158	146	128	149	157	190	178	173	156	128	166	171	155	138	141	167	165
Voluntary	8	16	4	6	5	6	8	5	8	6	5	12	11	10	9	8	15	14
Involuntary	140	142	142	122	144	151	182	173	165	150	123	154	160	145	129	133	152	151
OPC	35	42	23	39	23	41	56	44	51	54	46	43	45	51	36	50	42	46
Emergency	78	75	87	61	95	79	91	91	89	71	49	80	82	66	69	54	83	72
Temporary	17	18	22	10	16	21	24	24	15	11	13	16	15	19	12	16	15	14
Extended	0	0	1	0	0	1	0	1	1	1	1	0	0	1	0	2	1	2
Forensic	9	6	7	11	8	6	8	10	8	8	8	12	12	5	11	5	10	15
Order for MR	1	1	2	1	2	3	3	3	1	5	6	3	6	3	1	6	1	2
Discharges	144	164	128	162	145	143	198	157	171	168	129	160	172	147	148	149	157	159
% New to System	47%	56%	44%	38%	49%	57%	50%	49%	59%	49%	48%	49%	47%	52%	49%	55%	53%	47%

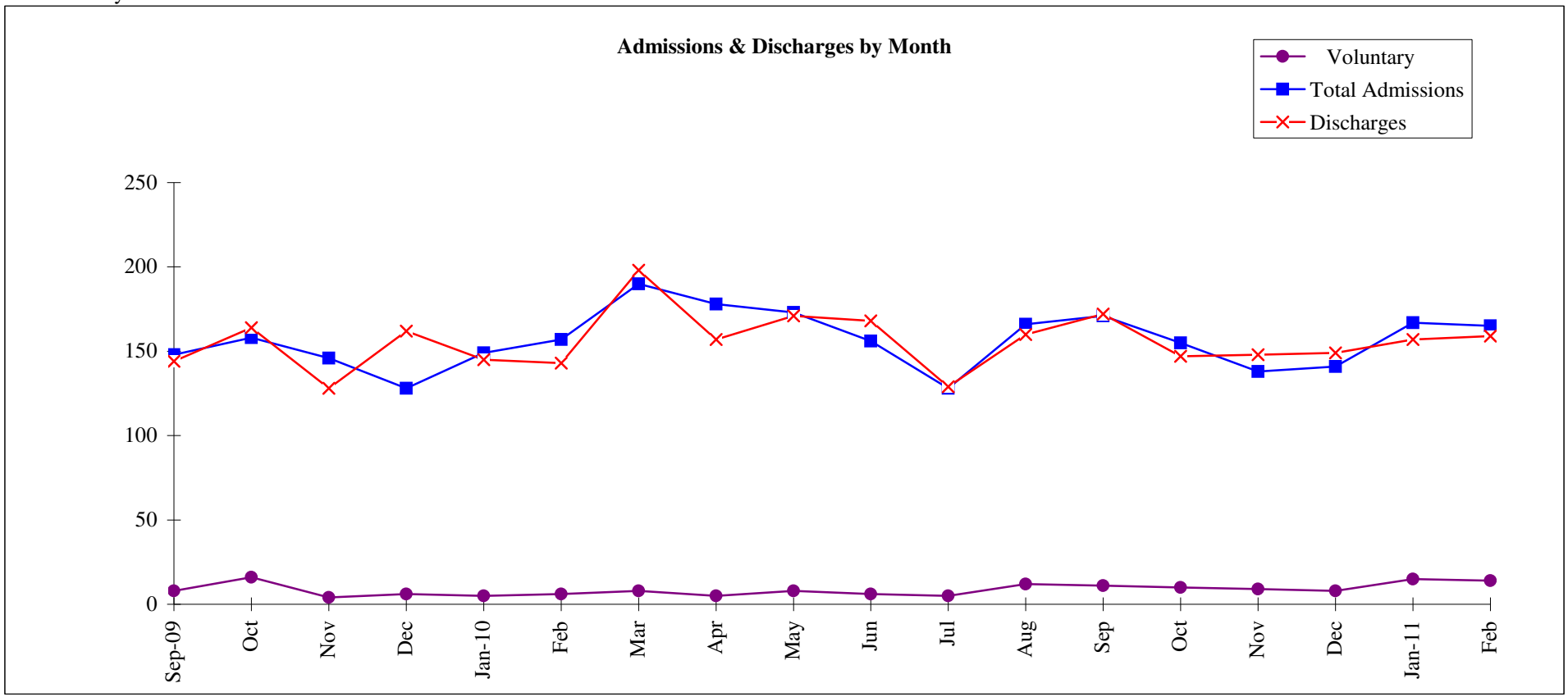
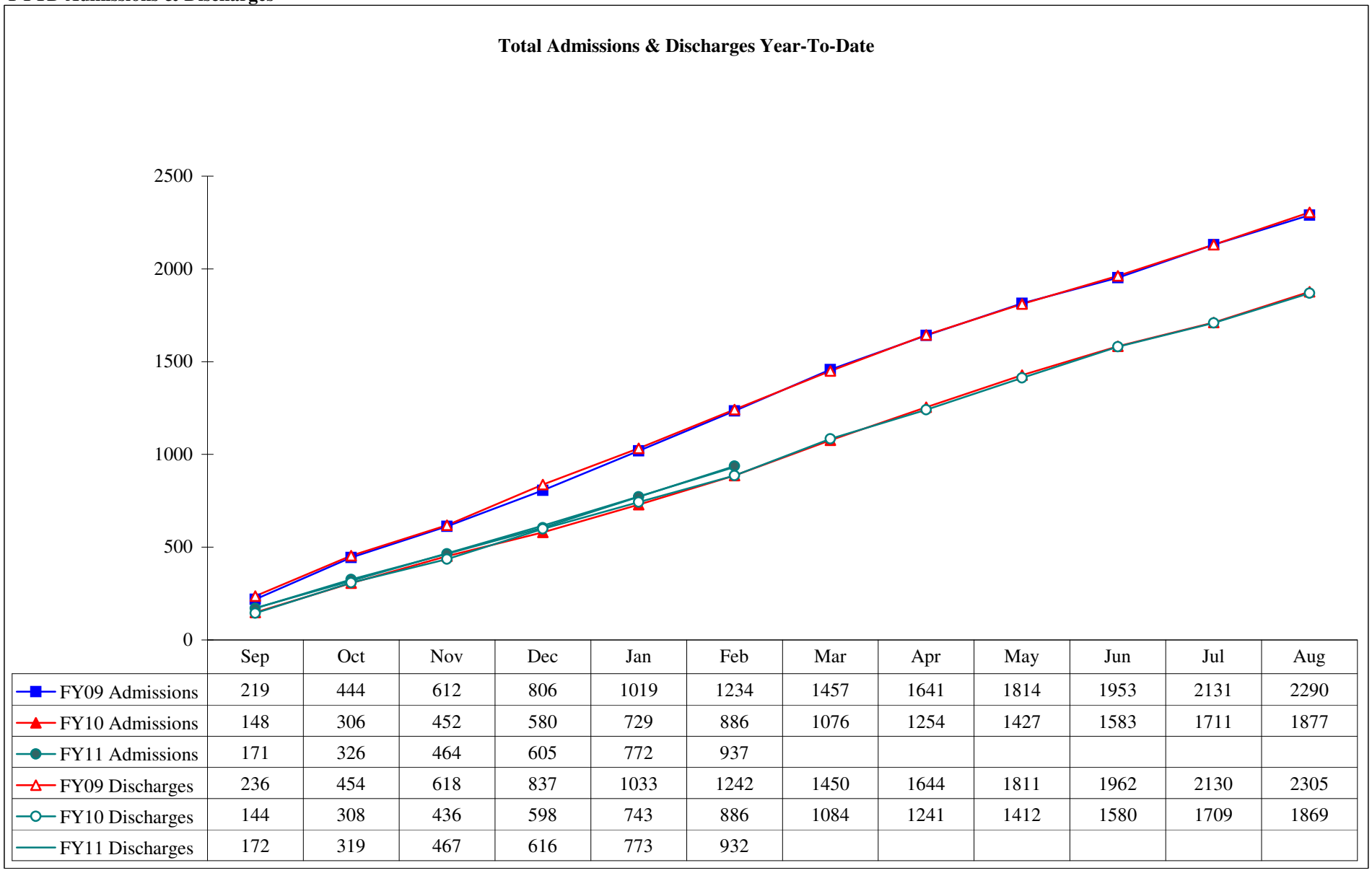


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
San Antonio State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	219	444	612	806	1019	1234	1457	1641	1814	1953	2131	2290
FY10 Admissions	148	306	452	580	729	886	1076	1254	1427	1583	1711	1877
FY11 Admissions	171	326	464	605	772	937						
FY09 Discharges	236	454	618	837	1033	1242	1450	1644	1811	1962	2130	2305
FY10 Discharges	144	308	436	598	743	886	1084	1241	1412	1580	1709	1869
FY11 Discharges	172	319	467	616	773	932						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Terrell State Hospital
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	246	235	220	220	255	238	273	247	260	252	264	276	273	262	244	236	253	203
Voluntary	8	6	8	7	16	9	5	10	17	16	6	9	15	4	14	7	11	8
Involuntary	238	229	212	213	239	229	268	237	243	236	258	267	258	258	230	229	242	195
OPC	174	165	164	162	187	190	209	197	168	207	193	215	209	199	177	171	190	158
Emergency	9	15	13	10	17	11	13	8	13	8	16	7	11	10	11	6	14	9
Temporary	35	32	13	27	19	13	19	26	35	9	32	27	28	30	20	37	18	16
Extended	1	2	1	1	1	1	1	2	1	2	3	1	1	1	2	3	1	1
Forensic	19	15	21	12	15	14	26	4	26	10	14	17	9	18	20	12	19	11
Order for MR	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	239	259	205	237	242	234	286	236	247	271	274	258	264	271	246	267	222	199
% New to System	44%	47%	44%	40%	47%	51%	43%	45%	49%	50%	41%	43%	45%	48%	46%	45%	43%	49%

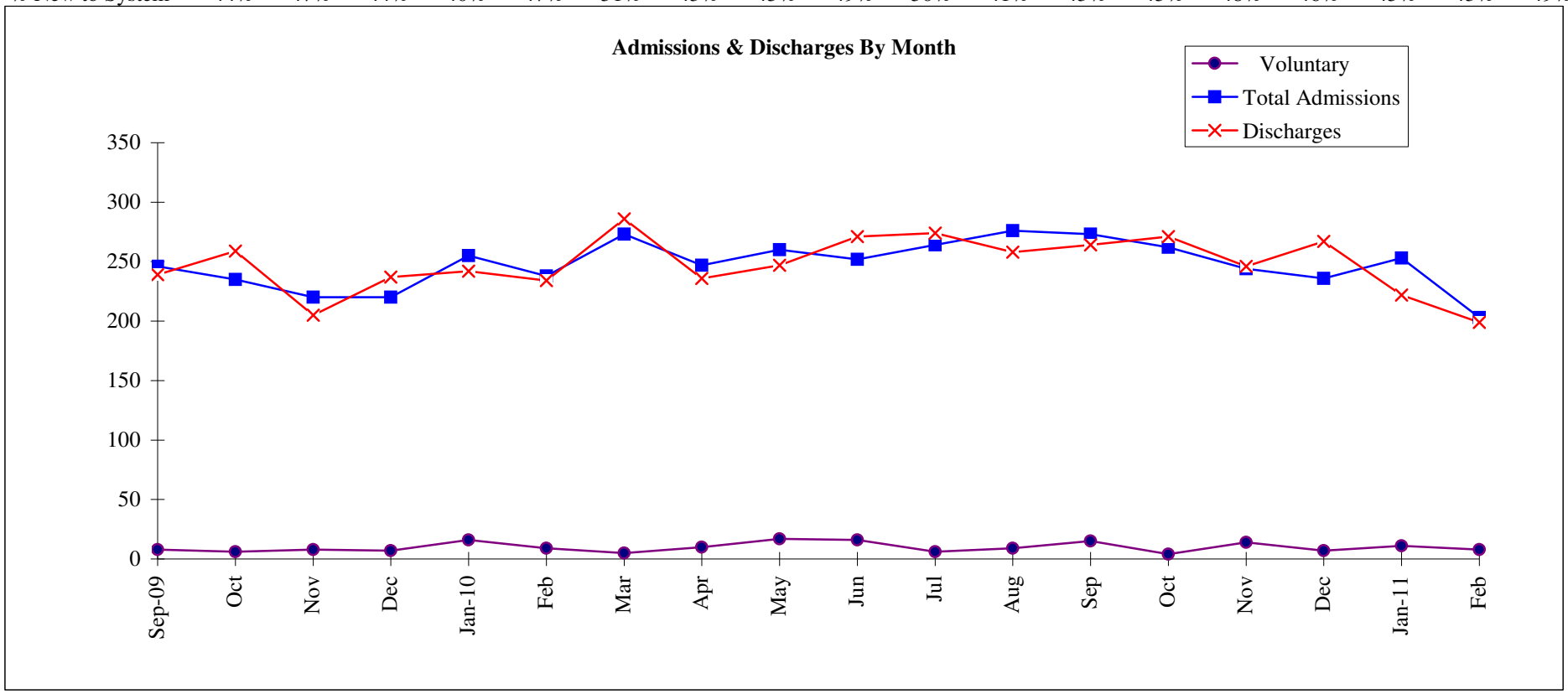
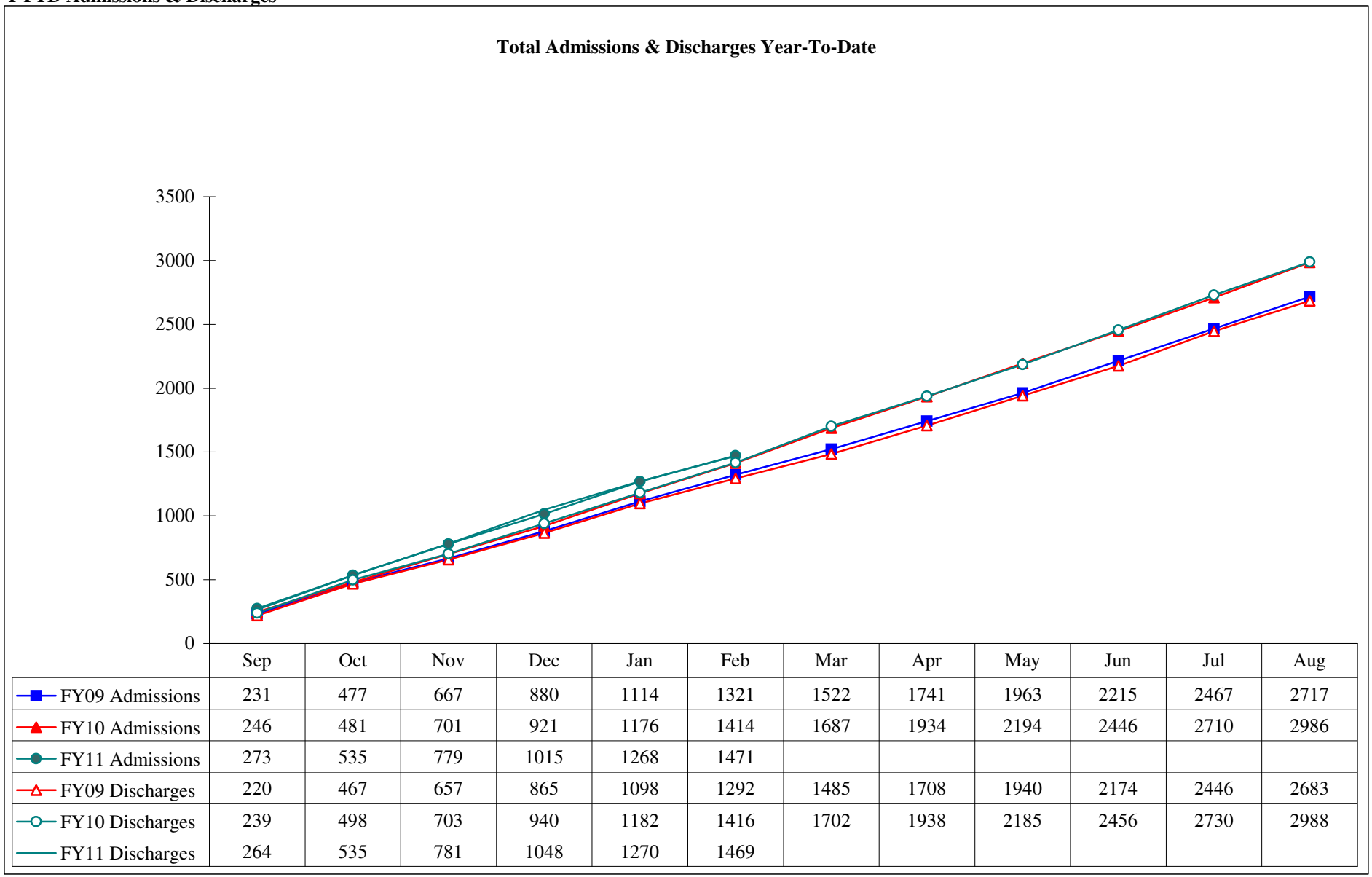


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Terrell State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	231	477	667	880	1114	1321	1522	1741	1963	2215	2467	2717
FY10 Admissions	246	481	701	921	1176	1414	1687	1934	2194	2446	2710	2986
FY11 Admissions	273	535	779	1015	1268	1471						
FY09 Discharges	220	467	657	865	1098	1292	1485	1708	1940	2174	2446	2683
FY10 Discharges	239	498	703	940	1182	1416	1702	1938	2185	2456	2730	2988
FY11 Discharges	264	535	781	1048	1270	1469						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Waco Center for Youth
Admissions by Month

	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Admissions	6	10	8	16	20	9	13	16	14	11	11	16	17	16	8	13	18	11
Voluntary	6	10	8	16	20	9	13	16	14	11	11	16	17	16	8	13	18	11
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	10	10	12	13	9	12	16	12	13	10	12	18	16	11	14	18	8	11
% New to System	83%	80%	63%	69%	60%	44%	38%	81%	50%	73%	64%	38%	59%	44%	50%	54%	61%	36%

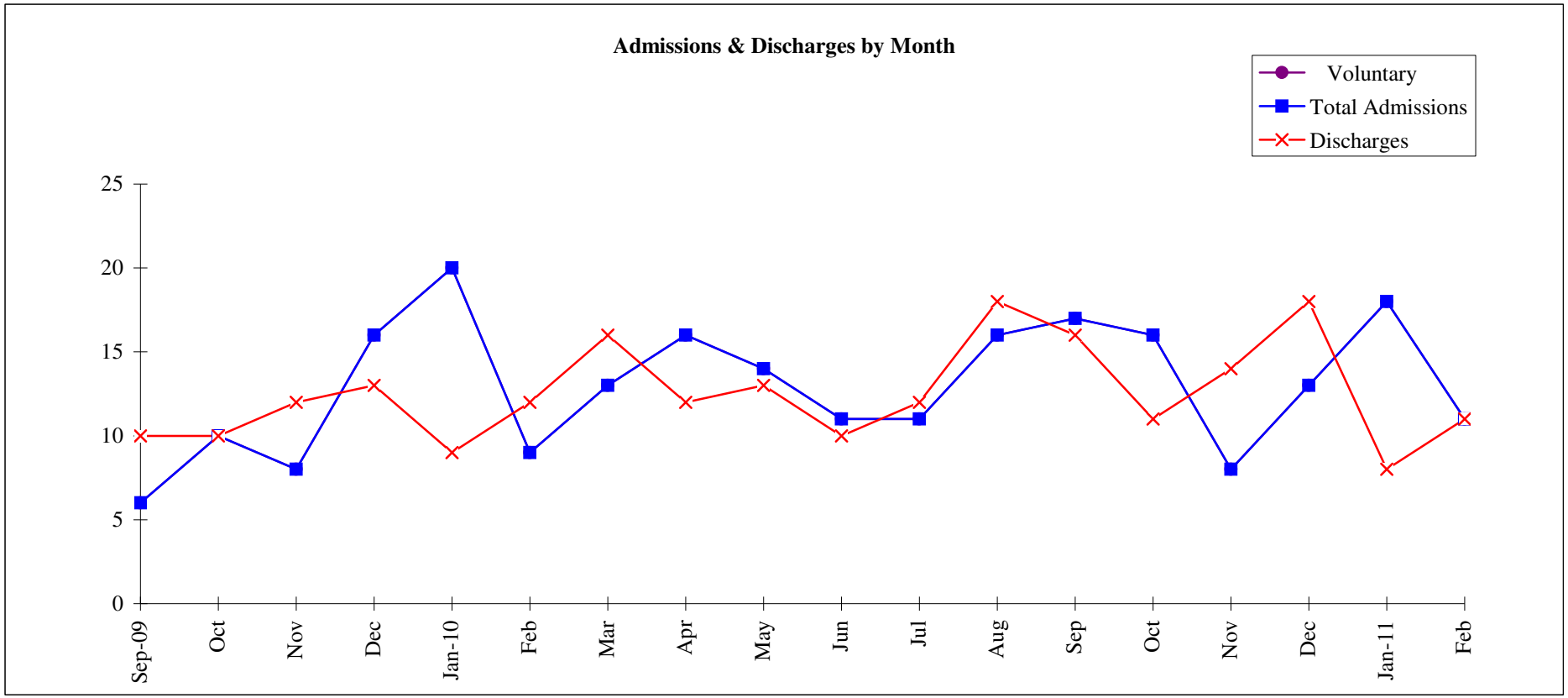
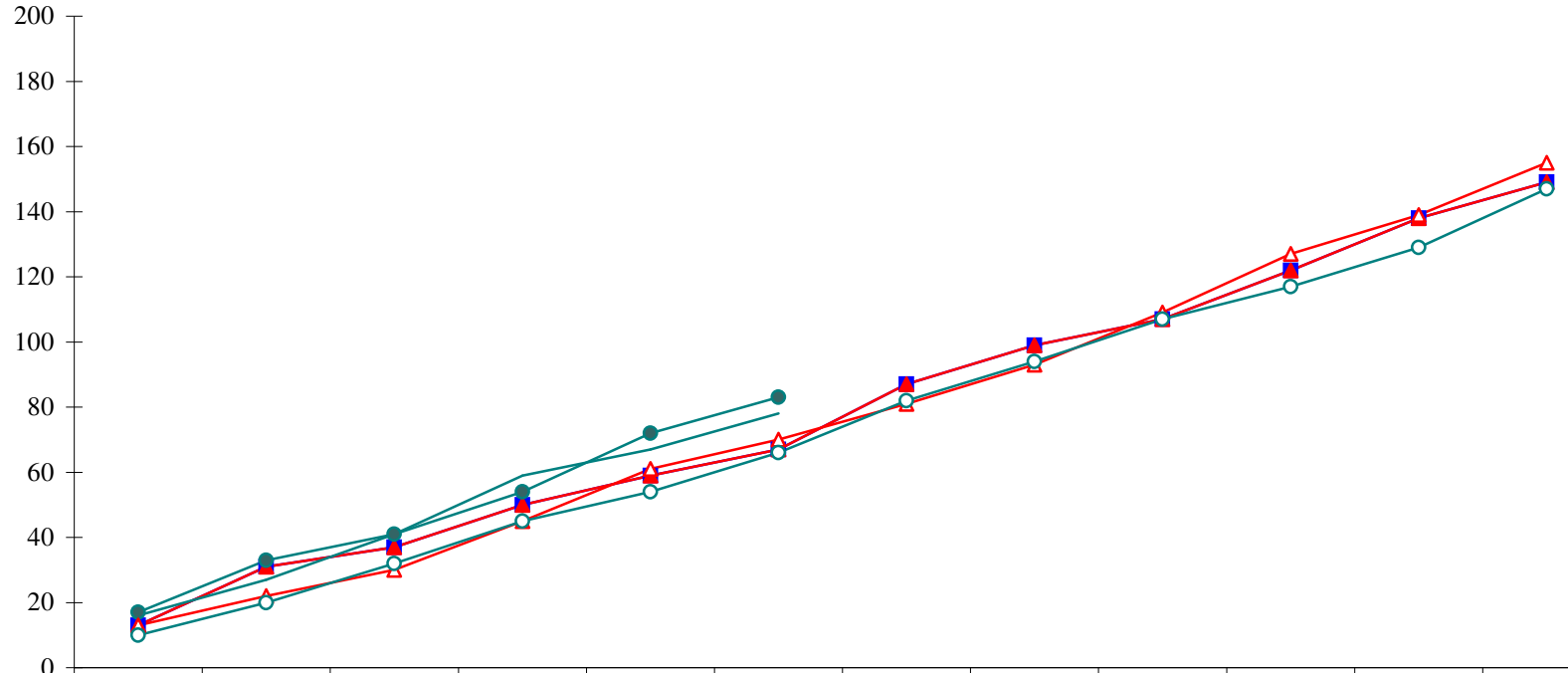


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Waco Center for Youth
FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



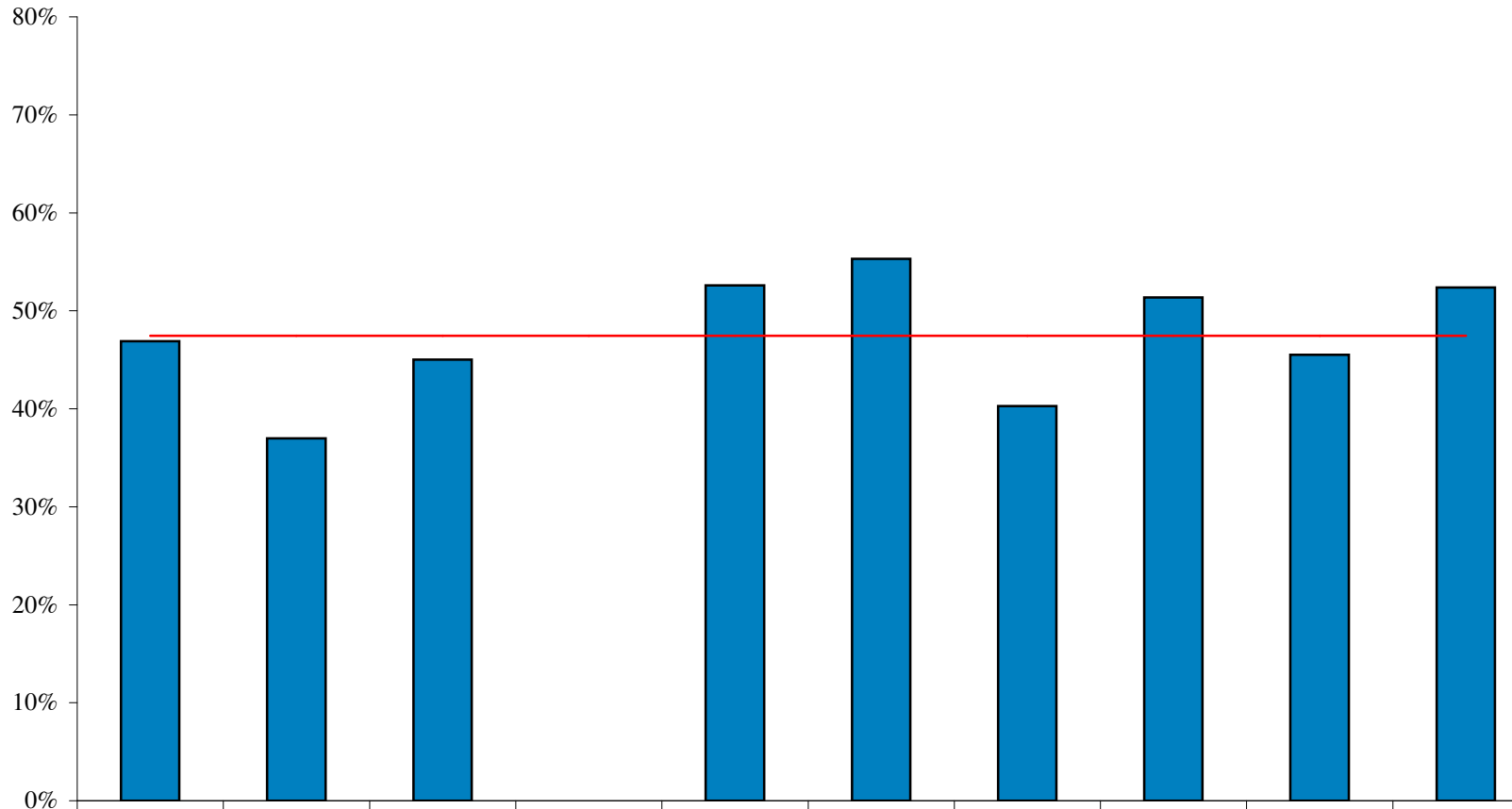
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY09 Admissions	13	31	37	50	59	67	87	99	107	122	138	149
FY09 Admissions	13	31	37	50	59	67	87	99	107	122	138	149
FY11 Admissions	17	33	41	54	72	83						
FY09 Discharges	13	22	30	45	61	70	81	93	109	127	139	155
FY10 Discharges	10	20	32	45	54	66	82	94	107	117	129	147
FY11 Discharges	16	27	41	59	67	78						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals

Percent of Clients New to the System
Q2 FY2011



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% New to the System	47%	37%	45%	0%	53%	55%	40%	51%	46%	52%
All State Hospitals	47%	47%	47%	47%	47%	47%	47%	47%	47%	47%

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Performance Measure 5B:

Calculate percent of forensic/non forensic discharges returned to the community; 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days.

Performance Measure Operational Definition: Percent of forensic/non forensic discharges returned to the community will be calculated on a quarterly basis for: 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days. CARE Report SR4206 discharge data does not include patients transferred (discharged to another state hospital) to other state hospitals or DMA's (against medical advice).

Performance Measure Formula:

Rate = (N/D) x 100

N = # persons discharged during time frame

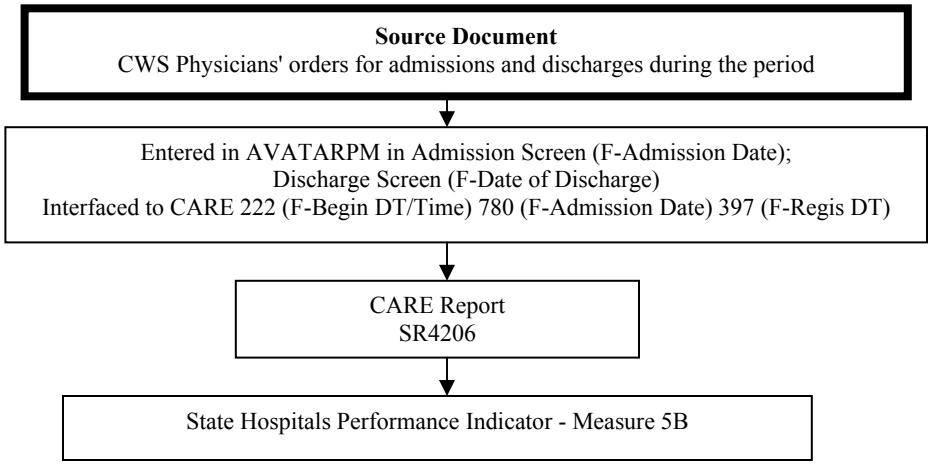
D = total persons discharged during the quarter

Net length of stay for persons who were discharged using codes (DRE) Discharge with Reassignment) or (DNS) Discharge No More Services, or sent on Absence Trial Placement (ATP), unless they were referred to another campus-based program. (It eliminates persons who were discharged during the period and who were counted because of an ATP in a prior reporting period. It does not include persons who were discharged against medical advice (DMA) or who died (DED) during the quarter. The report uses net length of stay, which is the number of days an individual was resident on campus, not including days absent).

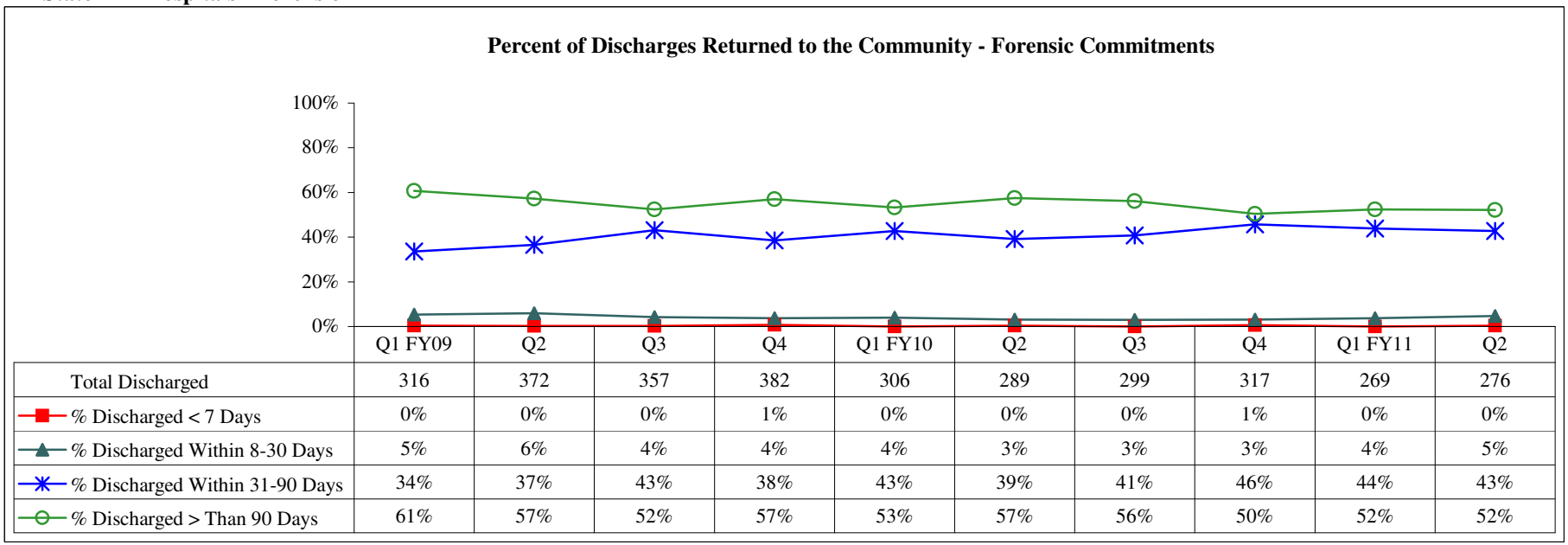
Performance Measure Data Display and Chart Description:

- Chart with quarterly data points of percent of forensic/non forensic discharges returned to the community for individual state hospitals and system-wide
- Table shows total discharges for the quarter for individual state hospitals and system-wide.

Data Flow:

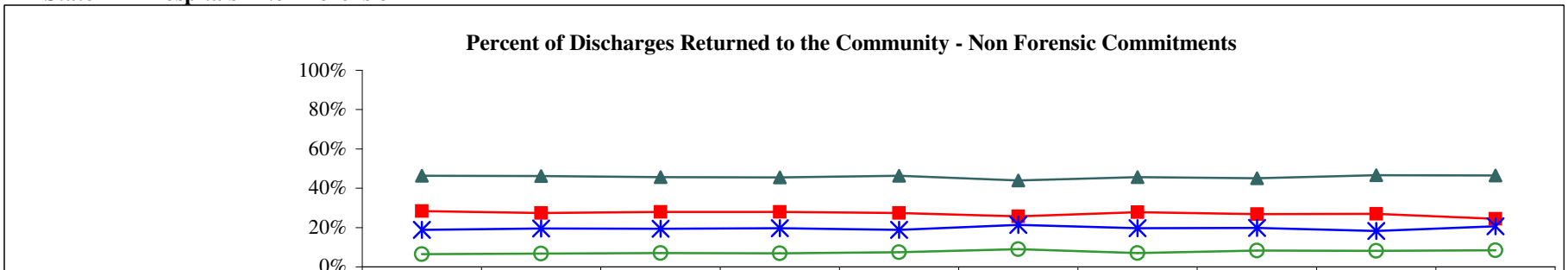


Measure 5B - Percent of Discharges Returned to the Community
All State MH Hospitals - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	316	372	357	382	306	289	299	317	269	276
% Discharged < 7 Days	0%	0%	0%	1%	0%	0%	0%	1%	0%	0%
% Discharged Within 8-30 Days	5%	6%	4%	4%	4%	3%	3%	3%	4%	5%
% Discharged Within 31-90 Days	34%	37%	43%	38%	43%	39%	41%	46%	44%	43%
% Discharged > Than 90 Days	61%	57%	52%	57%	53%	57%	56%	50%	52%	52%

Measure 5B - Percent of Discharges Returned to the Community
All State MH Hospitals - Non Forensic



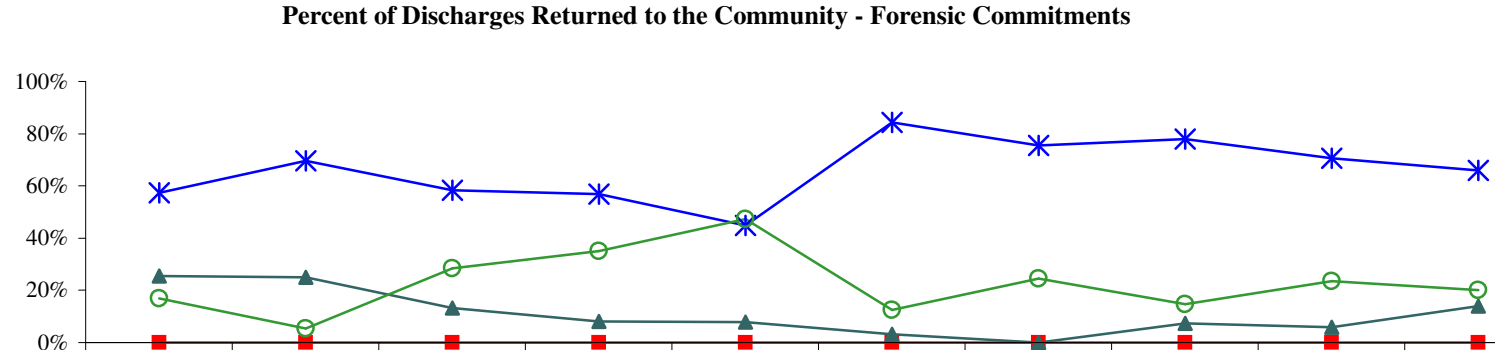
	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	3696	3404	3434	3434	3277	3167	3420	3412	3326	3055
% Discharged < 7 Days	28%	27%	28%	28%	27%	26%	28%	27%	27%	24%
% Discharged Within 8-30 Days	46%	46%	46%	45%	46%	44%	46%	45%	47%	47%
% Discharged Within 31-90 Days	19%	20%	19%	20%	19%	21%	20%	20%	18%	21%
% Discharged > Than 90 Days	6%	7%	7%	7%	7%	9%	7%	8%	8%	8%

Total Discharges do not include transfers or DMAs

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

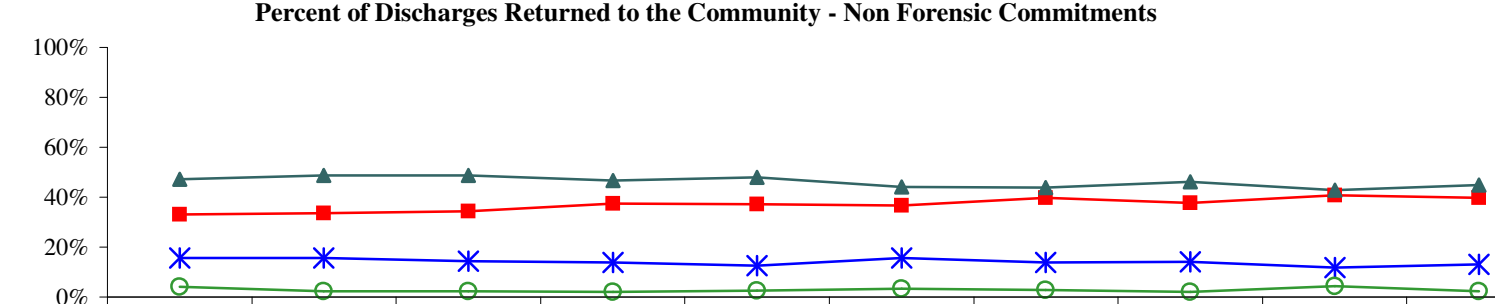
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	47	56	60	37	38	32	41	41	34	35
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	26%	25%	13%	8%	8%	3%	0%	7%	6%	14%
% Discharged Within 31-90 Days	57%	70%	58%	57%	45%	84%	76%	78%	71%	66%
% Discharged > Than 90 Days	17%	5%	28%	35%	47%	13%	24%	15%	24%	20%

Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Non Forensic

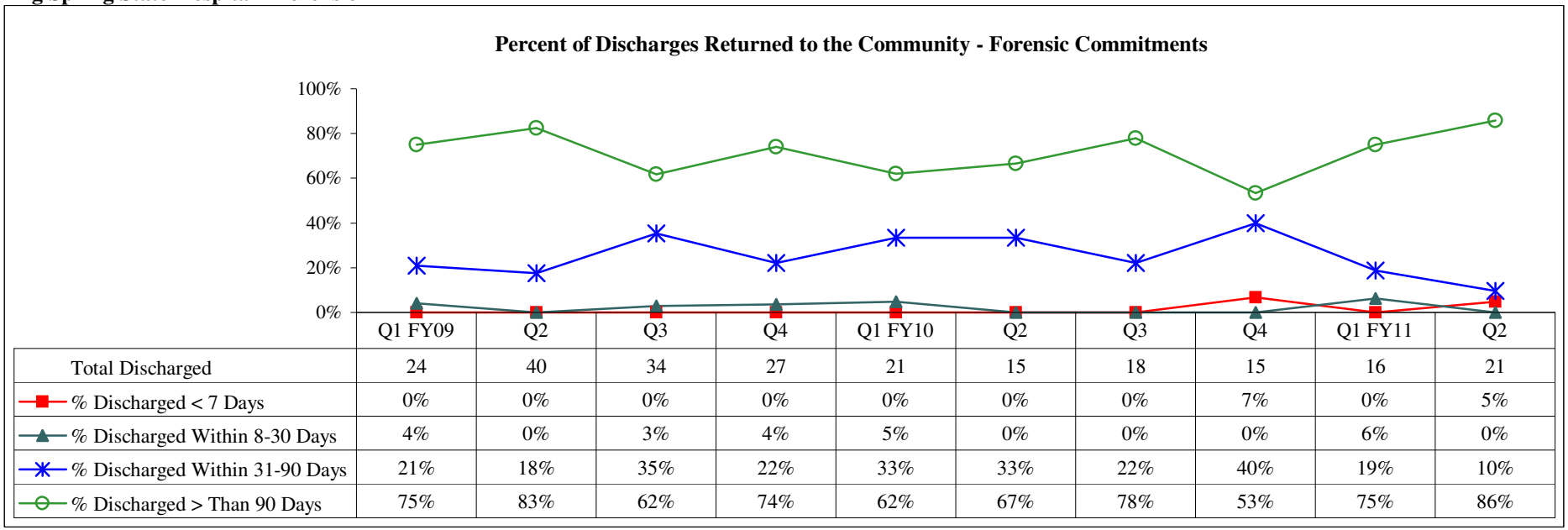


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	847	853	864	947	926	812	885	851	883	822
% Discharged < 7 Days	33%	34%	34%	37%	37%	37%	40%	38%	41%	40%
% Discharged Within 8-30 Days	47%	49%	49%	47%	48%	44%	44%	46%	43%	45%
% Discharged Within 31-90 Days	16%	16%	14%	14%	13%	16%	14%	14%	12%	13%
% Discharged > Than 90 Days	4%	2%	2%	2%	2%	3%	3%	2%	4%	2%

Chart: Hospital Management Data Services

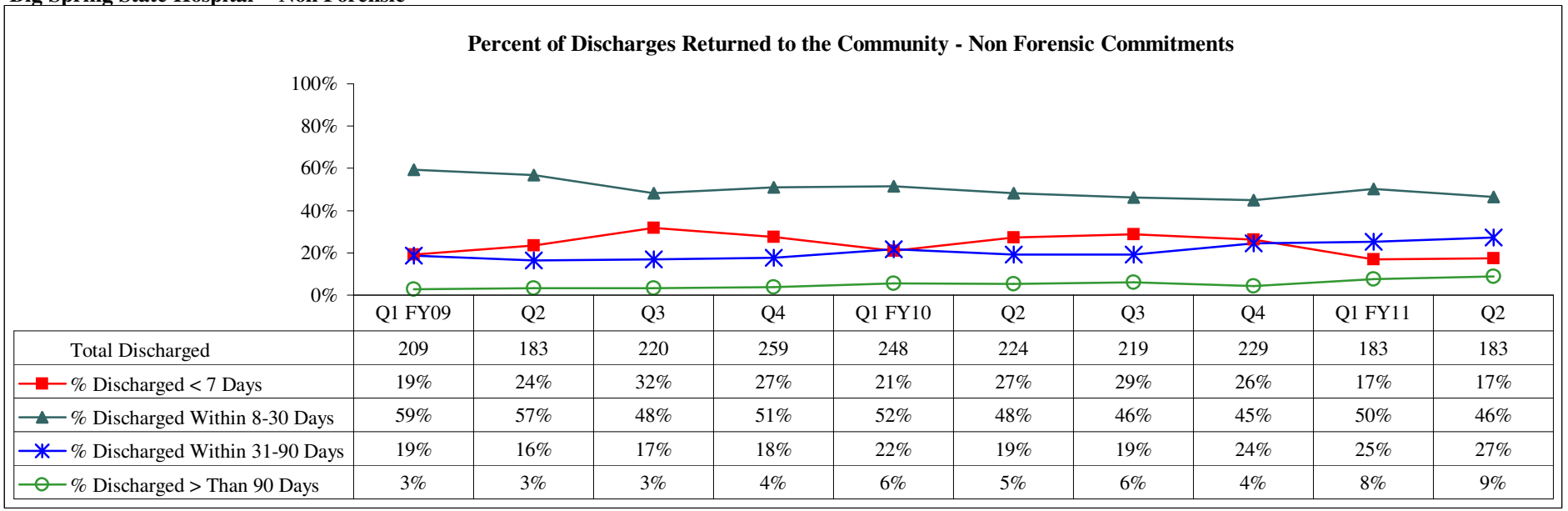
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	24	40	34	27	21	15	18	15	16	21
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	7%	0%	5%
% Discharged Within 8-30 Days	4%	0%	3%	4%	5%	0%	0%	0%	6%	0%
% Discharged Within 31-90 Days	21%	18%	35%	22%	33%	33%	22%	40%	19%	10%
% Discharged > Than 90 Days	75%	83%	62%	74%	62%	67%	78%	53%	75%	86%

Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Non Forensic

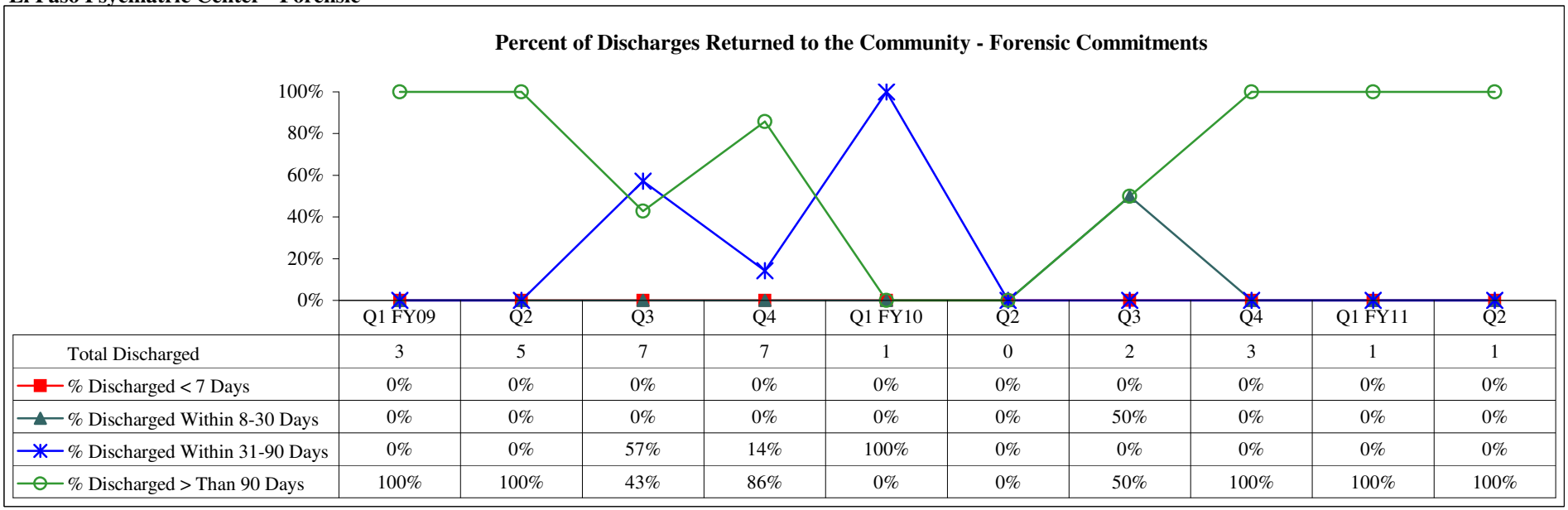


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	209	183	220	259	248	224	219	229	183	183
% Discharged < 7 Days	19%	24%	32%	27%	21%	27%	29%	26%	17%	17%
% Discharged Within 8-30 Days	59%	57%	48%	51%	52%	48%	46%	45%	50%	46%
% Discharged Within 31-90 Days	19%	16%	17%	18%	22%	19%	19%	24%	25%	27%
% Discharged > Than 90 Days	3%	3%	3%	4%	6%	5%	6%	4%	8%	9%

Chart: Hospital Management Data Services

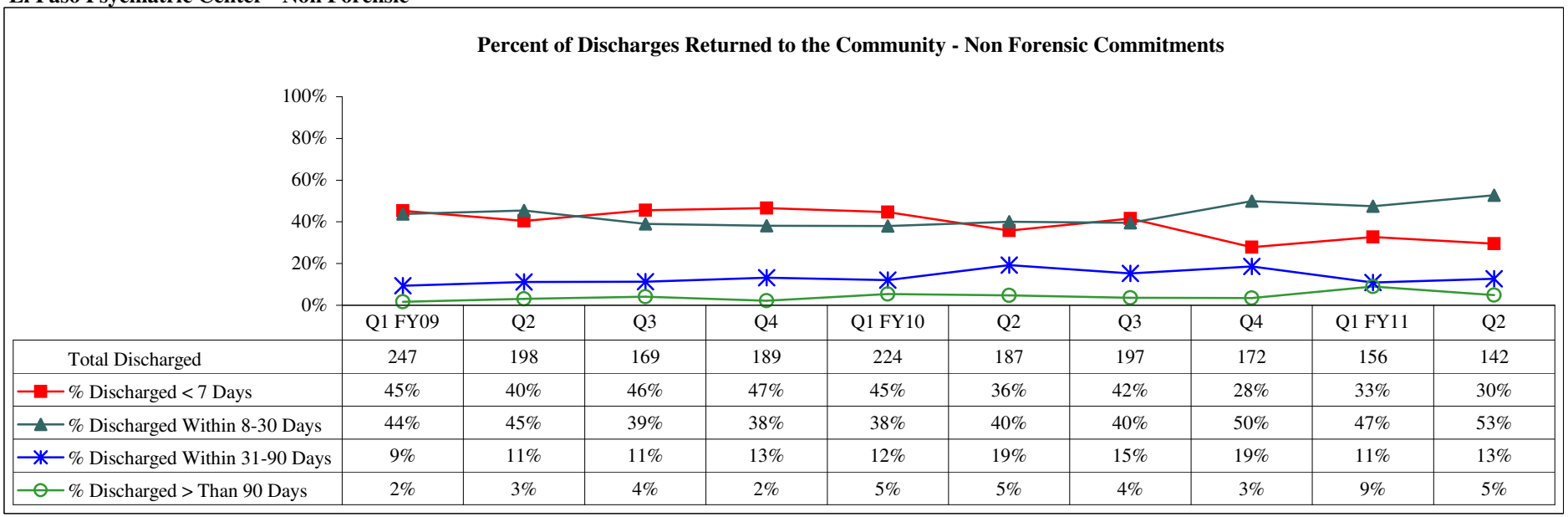
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
El Paso Psychiatric Center - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	3	5	7	7	1	0	2	3	1	1
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	50%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	57%	14%	100%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	100%	100%	43%	86%	0%	0%	50%	100%	100%	100%

Measure 5B - Percent of Discharges Returned to the Community
El Paso Psychiatric Center - Non Forensic

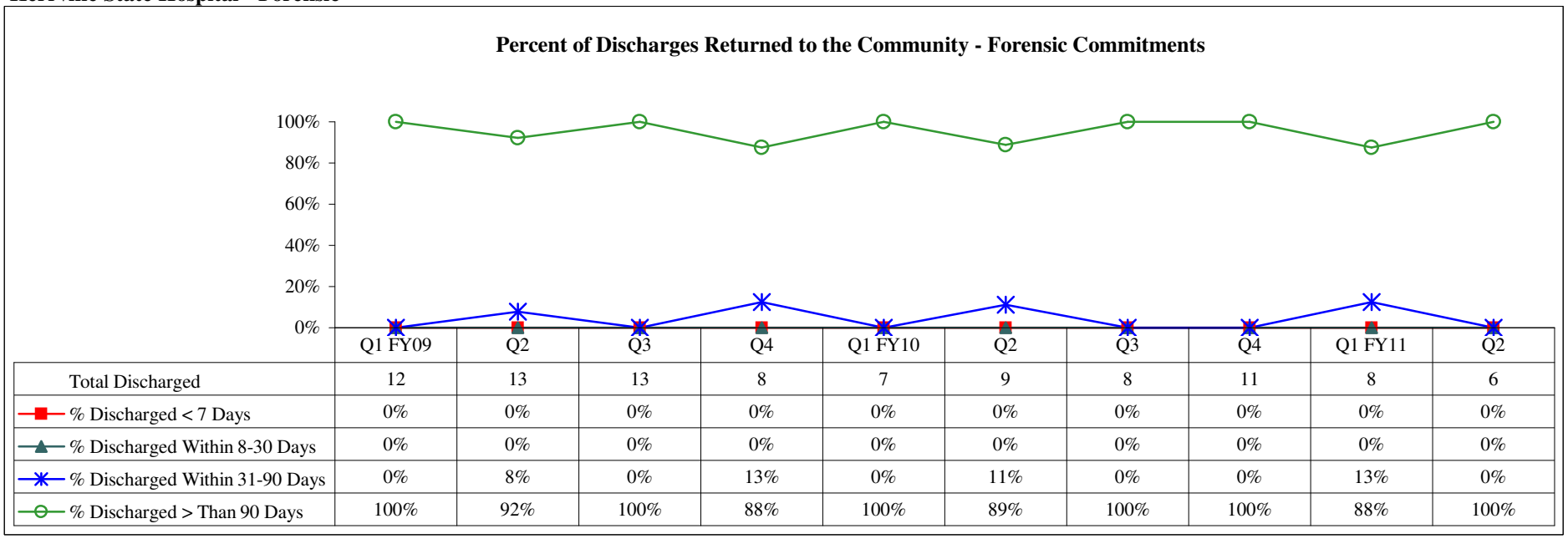


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	247	198	169	189	224	187	197	172	156	142
% Discharged < 7 Days	45%	40%	46%	47%	45%	36%	42%	28%	33%	30%
% Discharged Within 8-30 Days	44%	45%	39%	38%	38%	40%	40%	50%	47%	53%
% Discharged Within 31-90 Days	9%	11%	11%	13%	12%	19%	15%	19%	11%	13%
% Discharged > Than 90 Days	2%	3%	4%	2%	5%	5%	4%	3%	9%	5%

Chart: Hospital Management Data Services

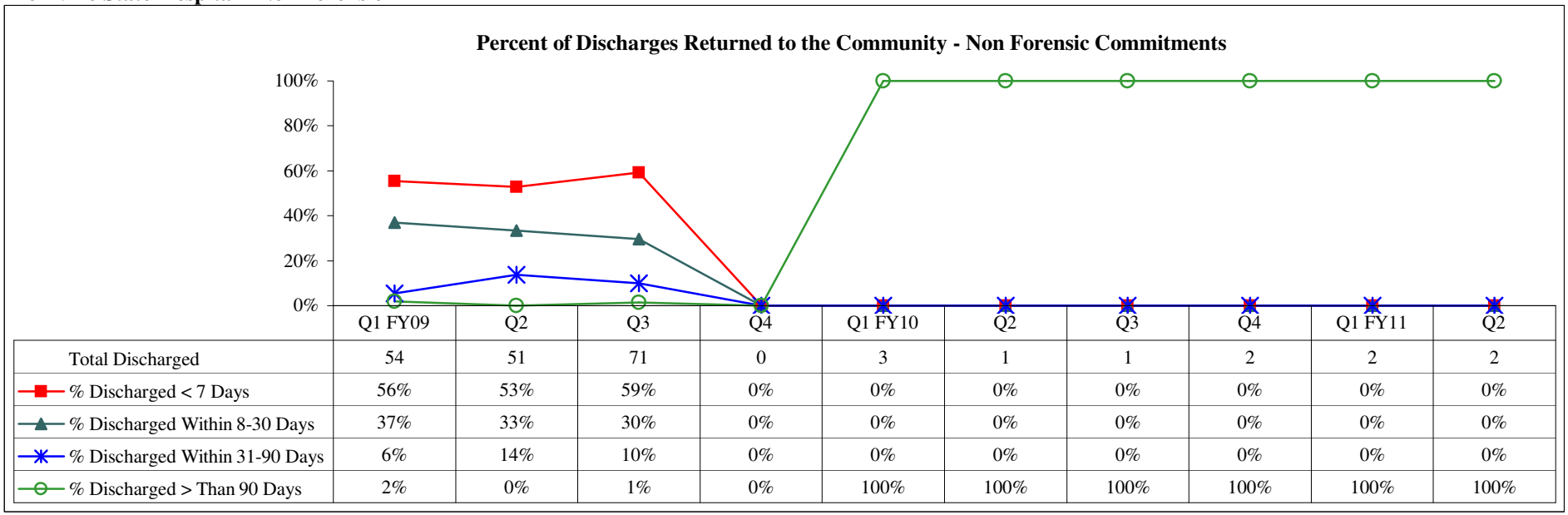
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	12	13	13	8	7	9	8	11	8	6
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	8%	0%	13%	0%	11%	0%	0%	13%	0%
% Discharged > Than 90 Days	100%	92%	100%	88%	100%	89%	100%	100%	88%	100%

Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Non Forensic

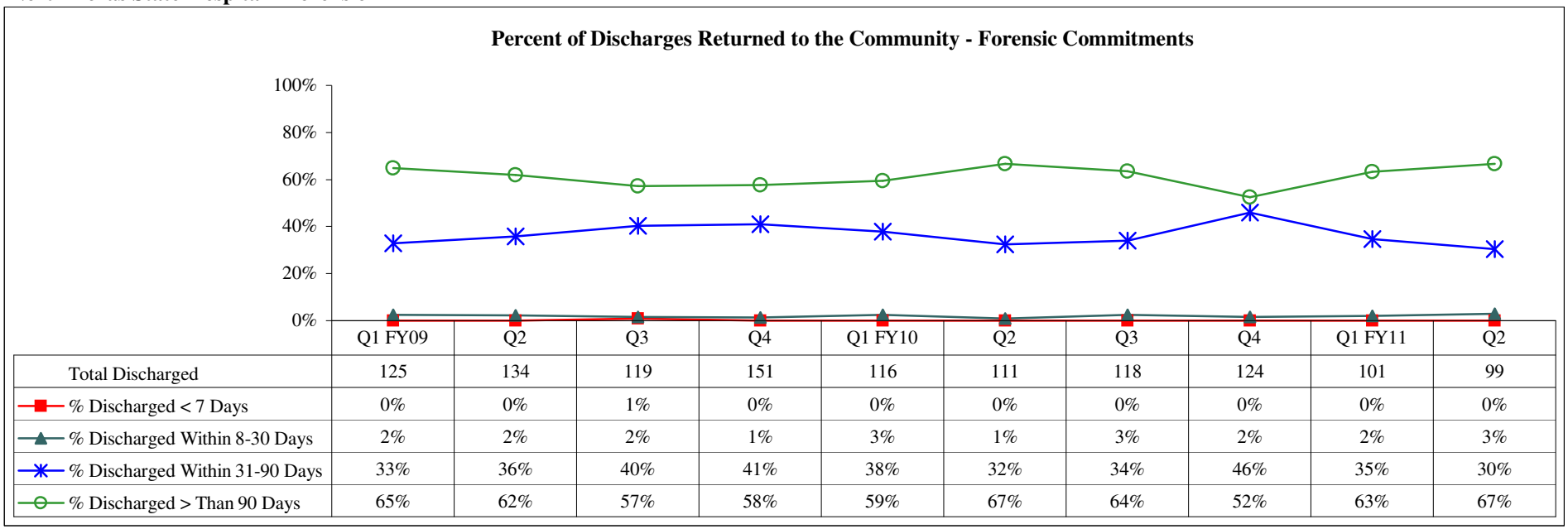


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	54	51	71	0	3	1	1	2	2	2
% Discharged < 7 Days	56%	53%	59%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	37%	33%	30%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	6%	14%	10%	0%	0%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	2%	0%	1%	0%	100%	100%	100%	100%	100%	100%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

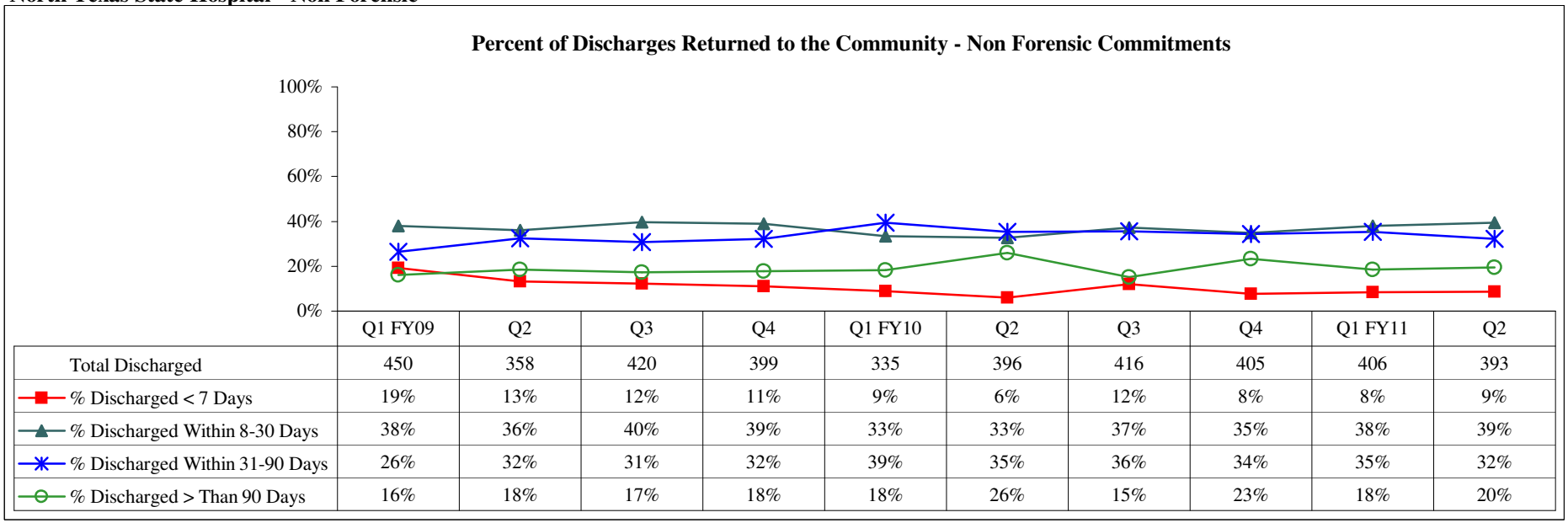
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	125	134	119	151	116	111	118	124	101	99
% Discharged < 7 Days	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	2%	2%	2%	1%	3%	1%	3%	2%	2%	3%
% Discharged Within 31-90 Days	33%	36%	40%	41%	38%	32%	34%	46%	35%	30%
% Discharged > Than 90 Days	65%	62%	57%	58%	59%	67%	64%	52%	63%	67%

Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Non Forensic

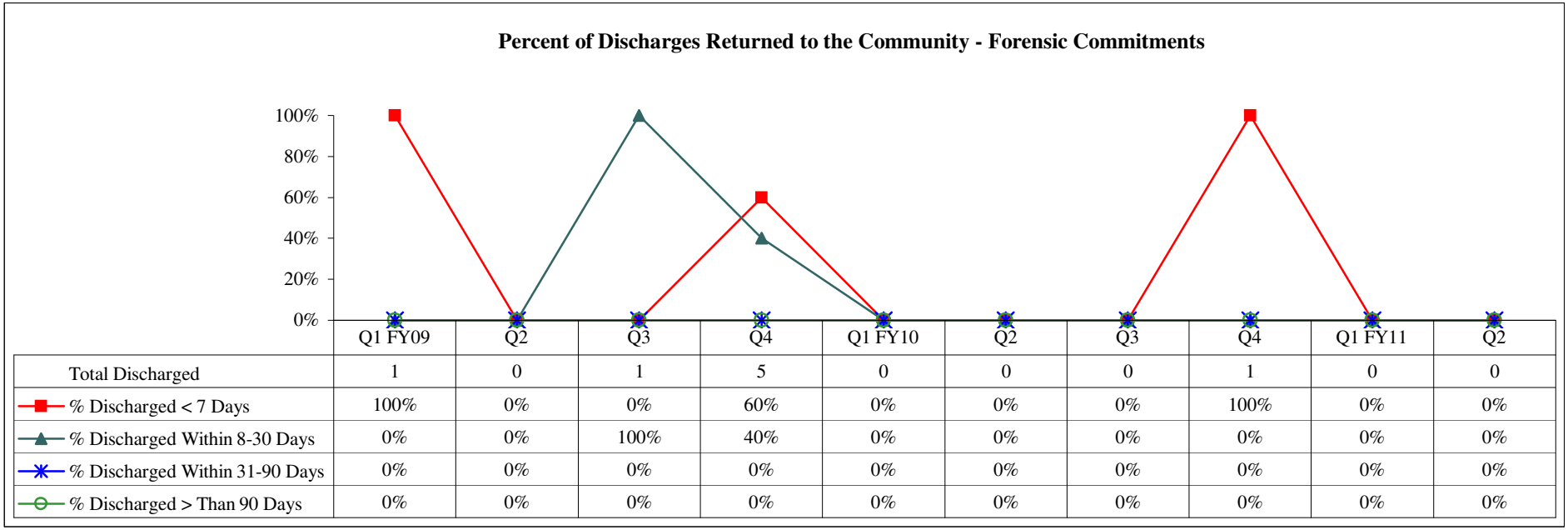


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	450	358	420	399	335	396	416	405	406	393
% Discharged < 7 Days	19%	13%	12%	11%	9%	6%	12%	8%	8%	9%
% Discharged Within 8-30 Days	38%	36%	40%	39%	33%	33%	37%	35%	38%	39%
% Discharged Within 31-90 Days	26%	32%	31%	32%	39%	35%	36%	34%	35%	32%
% Discharged > Than 90 Days	16%	18%	17%	18%	18%	26%	15%	23%	18%	20%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

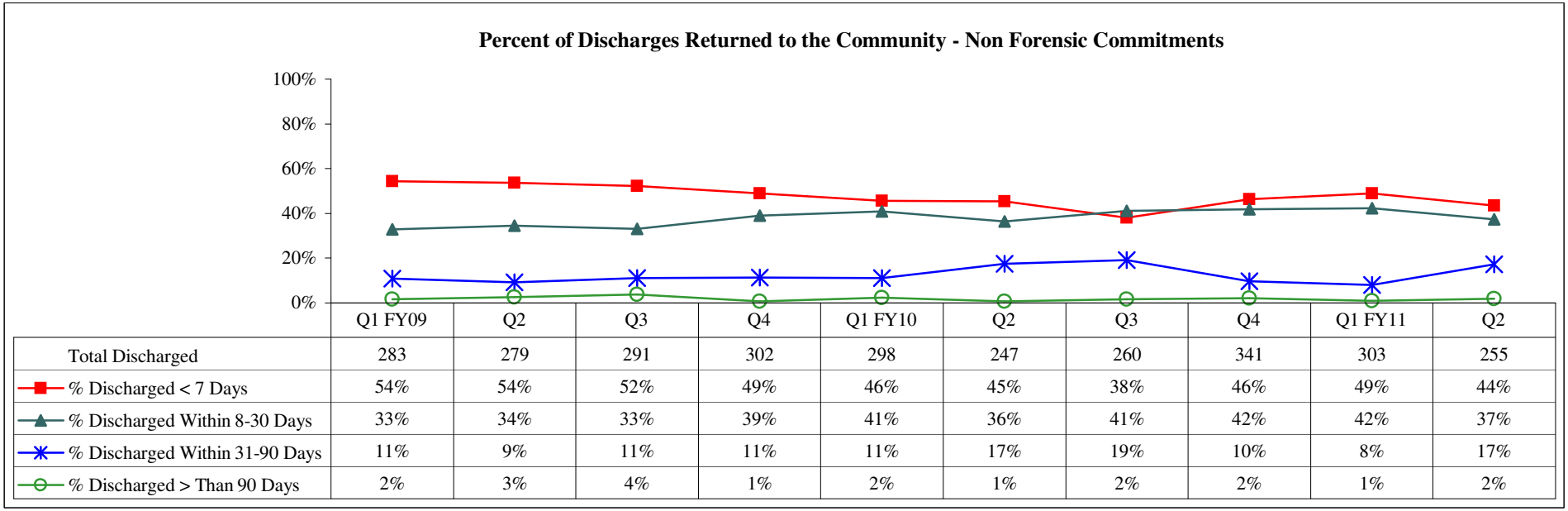
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	1	0	1	5	0	0	0	1	0	0
% Discharged < 7 Days	100%	0%	0%	60%	0%	0%	0%	100%	0%	0%
% Discharged Within 8-30 Days	0%	0%	100%	40%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Non Forensic

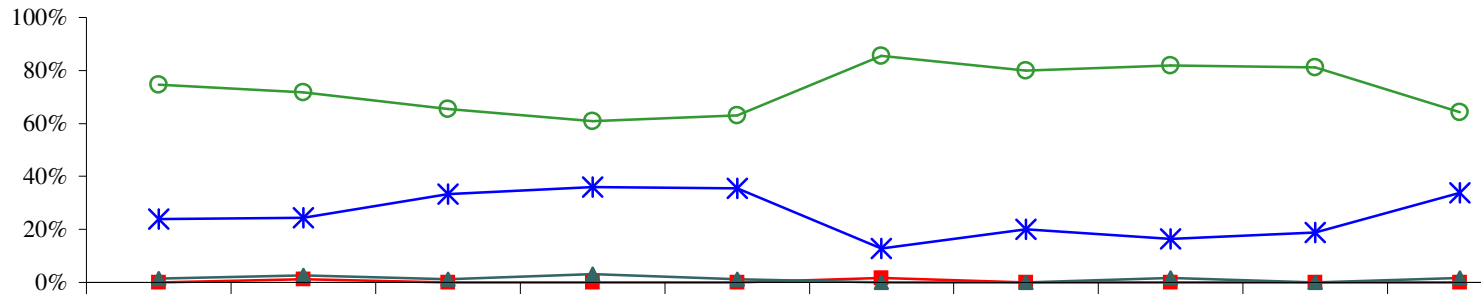


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	283	279	291	302	298	247	260	341	303	255
% Discharged < 7 Days	54%	54%	52%	49%	46%	45%	38%	46%	49%	44%
% Discharged Within 8-30 Days	33%	34%	33%	39%	41%	36%	41%	42%	42%	37%
% Discharged Within 31-90 Days	11%	9%	11%	11%	11%	17%	19%	10%	8%	17%
% Discharged > Than 90 Days	2%	3%	4%	1%	2%	1%	2%	2%	1%	2%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

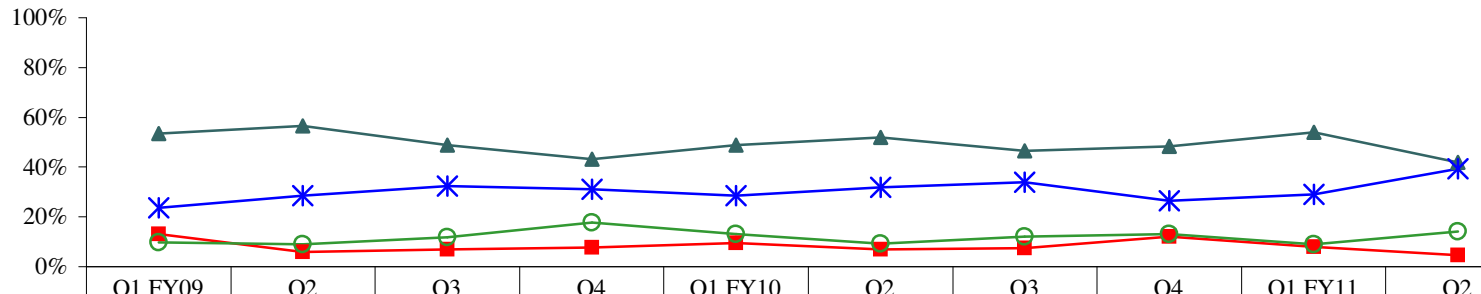
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	67	78	81	92	76	62	55	61	48	56
% Discharged < 7 Days	0%	1%	0%	0%	0%	2%	0%	0%	0%	0%
% Discharged Within 8-30 Days	1%	3%	1%	3%	1%	0%	0%	2%	0%	2%
% Discharged Within 31-90 Days	24%	24%	33%	36%	36%	13%	20%	16%	19%	34%
% Discharged > Than 90 Days	75%	72%	65%	61%	63%	85%	80%	82%	81%	64%

Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Non Forensic

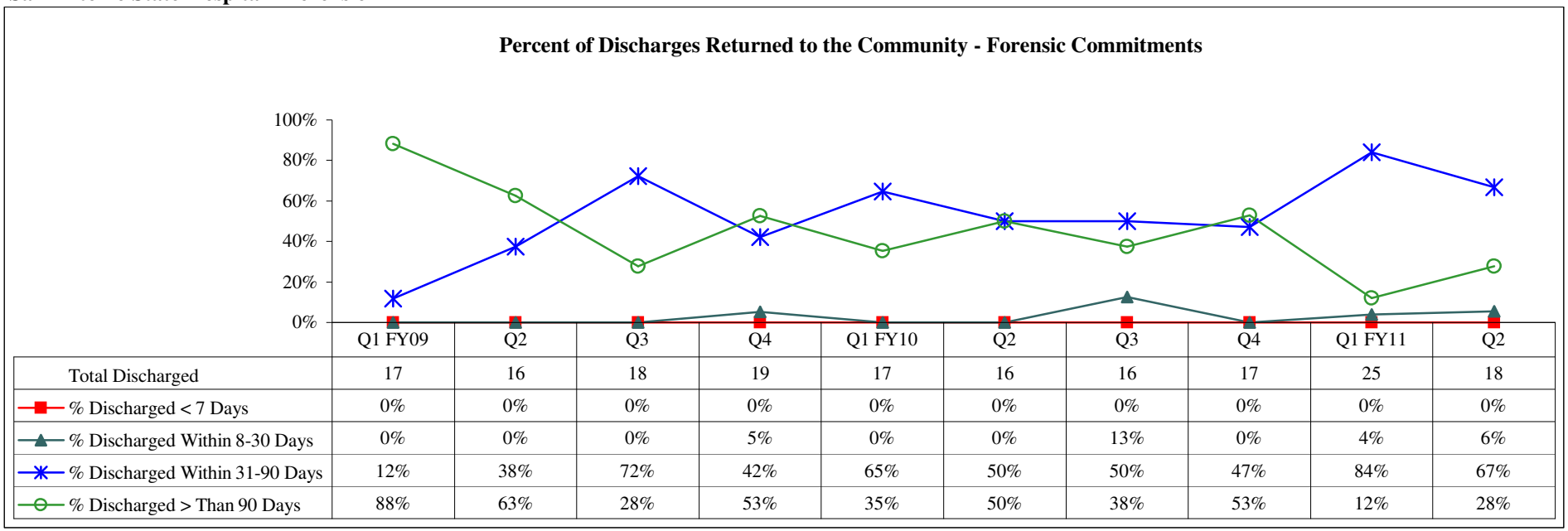


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	354	255	213	141	137	185	189	207	189	155
% Discharged < 7 Days	13%	6%	7%	8%	9%	7%	7%	12%	8%	5%
% Discharged Within 8-30 Days	53%	56%	49%	43%	49%	52%	47%	48%	54%	42%
% Discharged Within 31-90 Days	24%	29%	32%	31%	28%	32%	34%	27%	29%	39%
% Discharged > Than 90 Days	10%	9%	12%	18%	13%	9%	12%	13%	9%	14%

Chart: Hospital Management Data Services

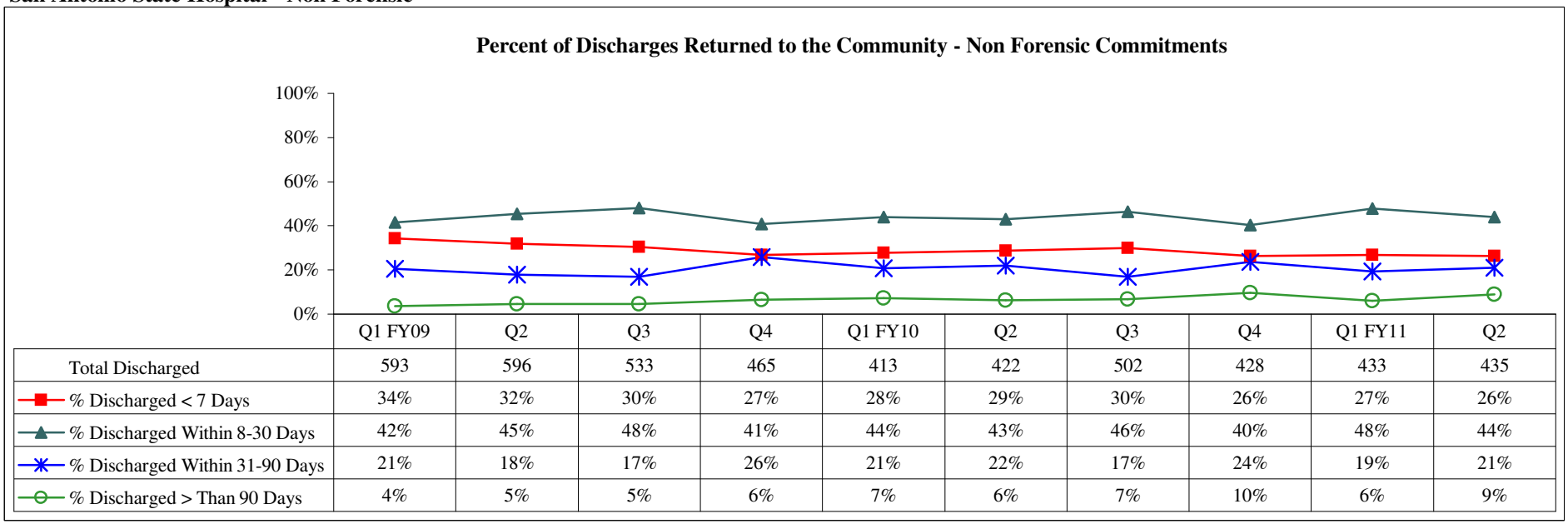
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	17	16	18	19	17	16	16	17	25	18
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	5%	0%	0%	13%	0%	4%	6%
% Discharged Within 31-90 Days	12%	38%	72%	42%	65%	50%	50%	47%	84%	67%
% Discharged > Than 90 Days	88%	63%	28%	53%	35%	50%	38%	53%	12%	28%

Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic

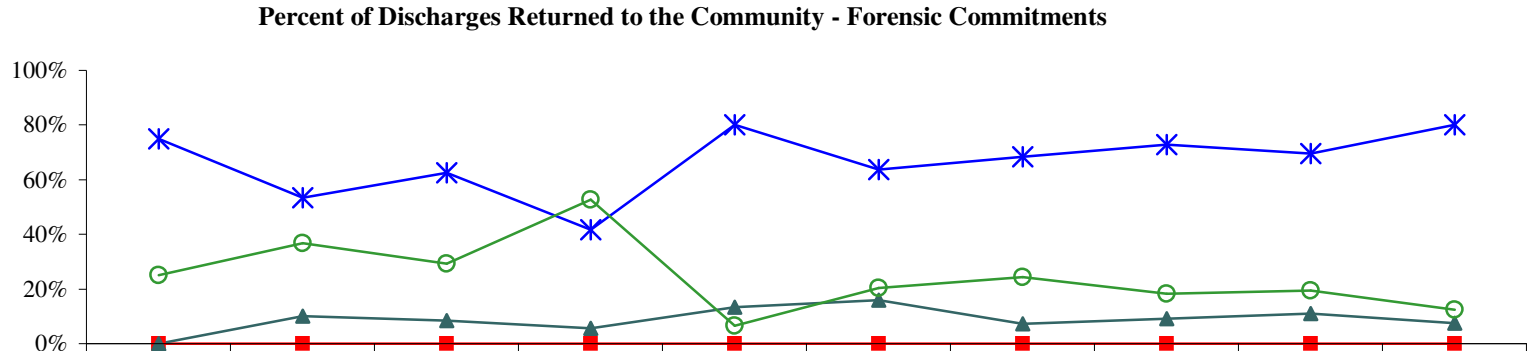


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	593	596	533	465	413	422	502	428	433	435
% Discharged < 7 Days	34%	32%	30%	27%	28%	29%	30%	26%	27%	26%
% Discharged Within 8-30 Days	42%	45%	48%	41%	44%	43%	46%	40%	48%	44%
% Discharged Within 31-90 Days	21%	18%	17%	26%	21%	22%	17%	24%	19%	21%
% Discharged > Than 90 Days	4%	5%	5%	6%	7%	6%	7%	10%	6%	9%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

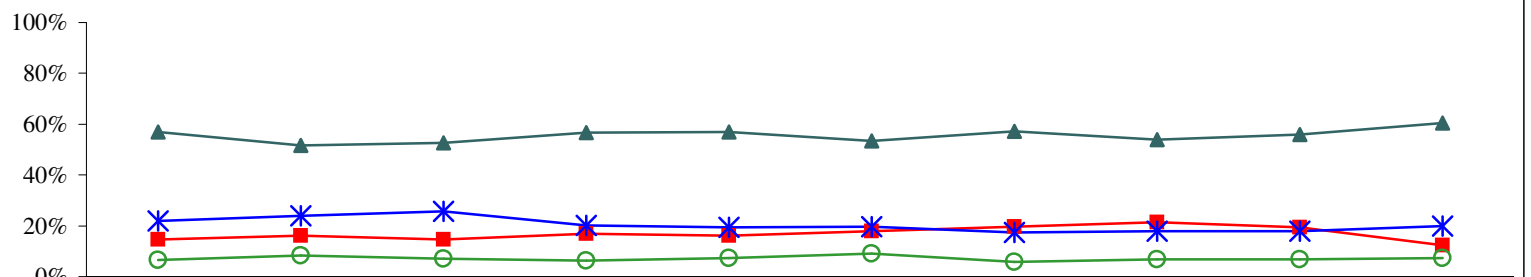
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	20	30	24	36	30	44	41	44	36	40
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	10%	8%	6%	13%	16%	7%	9%	11%	8%
% Discharged Within 31-90 Days	75%	53%	63%	42%	80%	64%	68%	73%	69%	80%
% Discharged > Than 90 Days	25%	37%	29%	53%	7%	20%	24%	18%	19%	13%

Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic

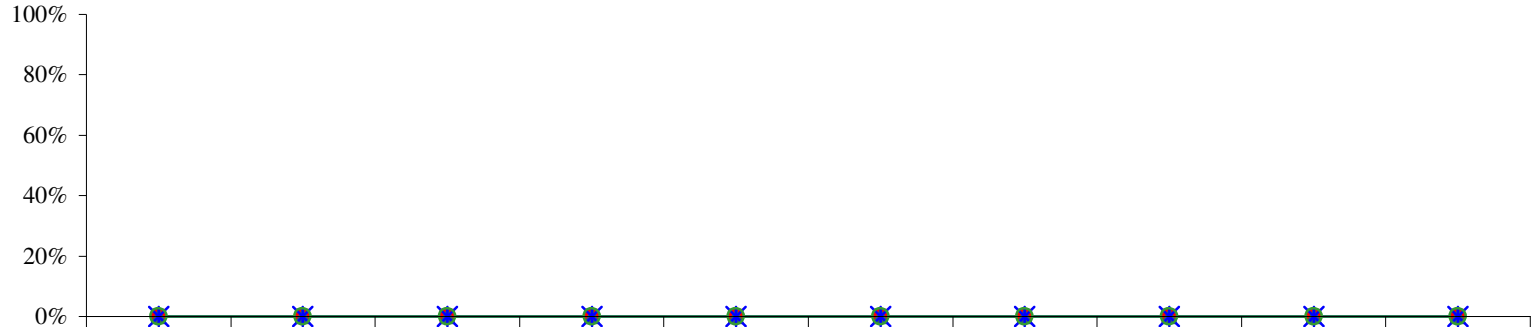


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	633	596	618	691	663	660	716	742	736	640
% Discharged < 7 Days	15%	16%	15%	17%	16%	18%	20%	21%	19%	12%
% Discharged Within 8-30 Days	57%	52%	53%	57%	57%	53%	57%	54%	56%	60%
% Discharged Within 31-90 Days	22%	24%	26%	20%	19%	20%	17%	18%	18%	20%
% Discharged > Than 90 Days	7%	8%	7%	6%	7%	9%	6%	7%	7%	7%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

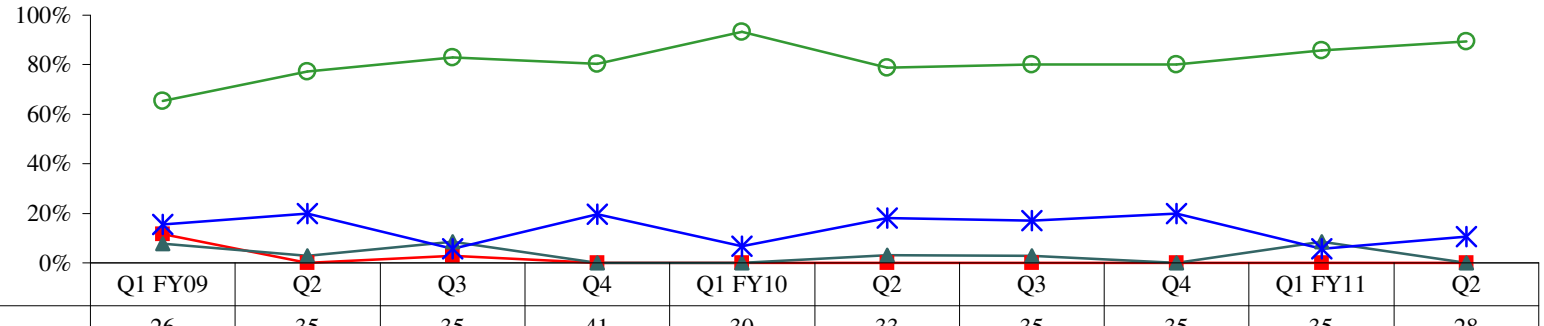
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Waco Center for Youth - Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	0	0	0	0	0	0	0	0	0	0
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Measure 5B - Percent of Discharges Returned to the Community
Waco Center for Youth - Non Forensic



	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Total Discharged	26	35	35	41	30	33	35	35	35	28
% Discharged < 7 Days	12%	0%	3%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	8%	3%	9%	0%	0%	3%	3%	0%	9%	0%
% Discharged Within 31-90 Days	15%	20%	6%	20%	7%	18%	17%	20%	6%	11%
% Discharged > Than 90 Days	65%	77%	83%	80%	93%	79%	80%	80%	86%	89%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Chart: Hospital Management Data Services

Performance Measure 5C:

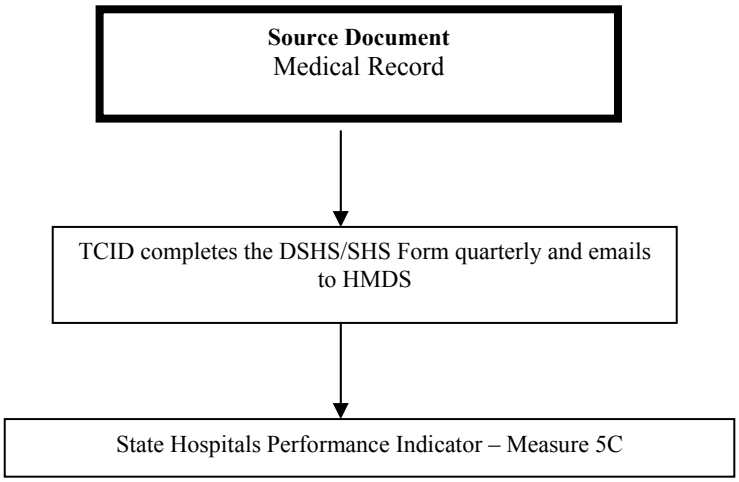
Report number of admissions; average length of stay; number of outpatient admissions; number of inpatient admissions by categories (tuberculoses, multi-drug resistant tuberculoses [MDRTB], and extensively drug related tuberculosis [XDRTB]).

Performance Measure Operational Definition: Data reported by TCID.

Performance Measure Formula:. No formula – continuous variable.

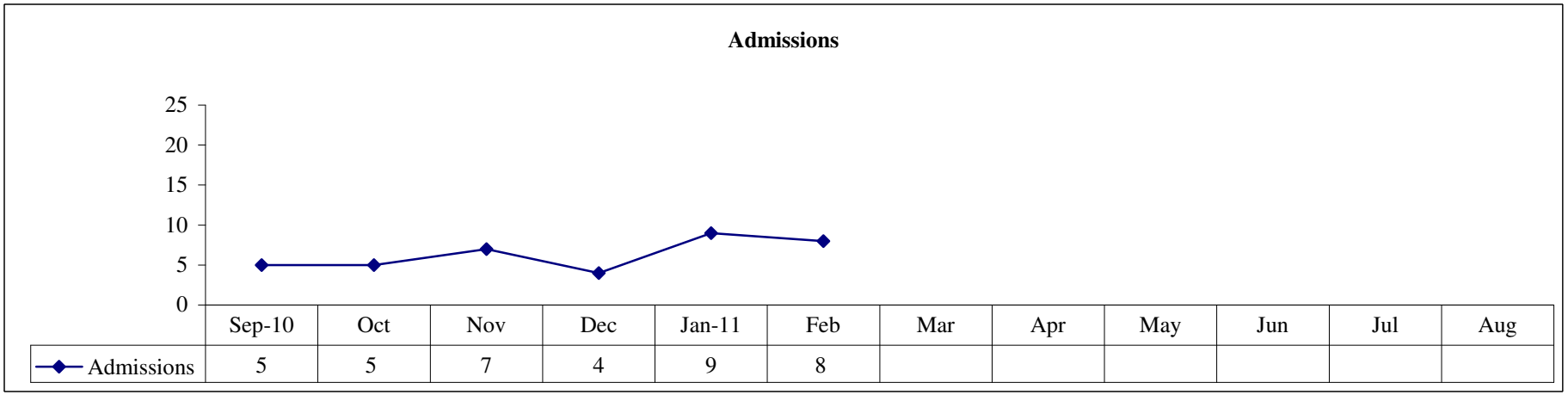
Performance Measure Data Display and Chart Description:
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



Measure 5C - Admissions and Average Length of Stay
TCID - FY11

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	FY
Admissions	5	5	7	4	9	8							38
Average Length of Stay	133	124	59	144	232	177							145
Number of Patients Admitted for Inpatient Care & Treatment	5	5	7	4	9	8							38
Tuberculoses	4	5	7	4	9	8							37
Multi-drug related tuberculoses	1	0	0	0	0	0							1
Extensively drug related tuberculosis	0	0	0	0	0	0							0
Number of Outpatient Admissions (Encounters)	15	24	10	24	15	9							97



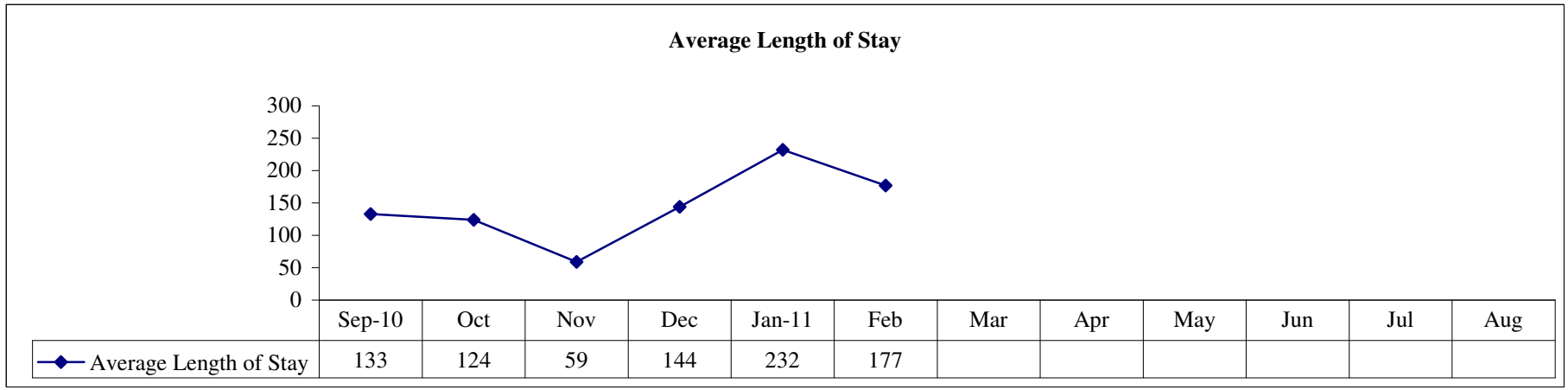


Table: Hospital Management Data Services

Source: TCID Form

Performance Measure 5D:

Calculate the average length of stay in the hospital for patients: Admitted and discharged within 12 months, and all discharges.

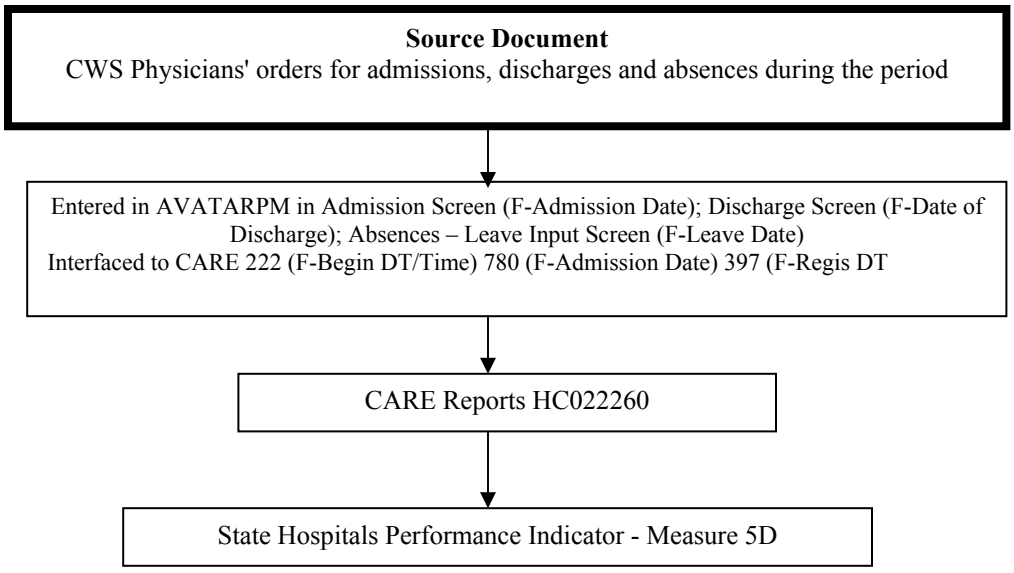
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

Performance Measure Formula: Net length of stay calculated by subtracting the date of admission from the date of discharge, and then subtracting days absent. Length of Stay for Admitted and Discharged During Prior Twelve Months shows how may people were both admitted and discharged during the prior twelve months.

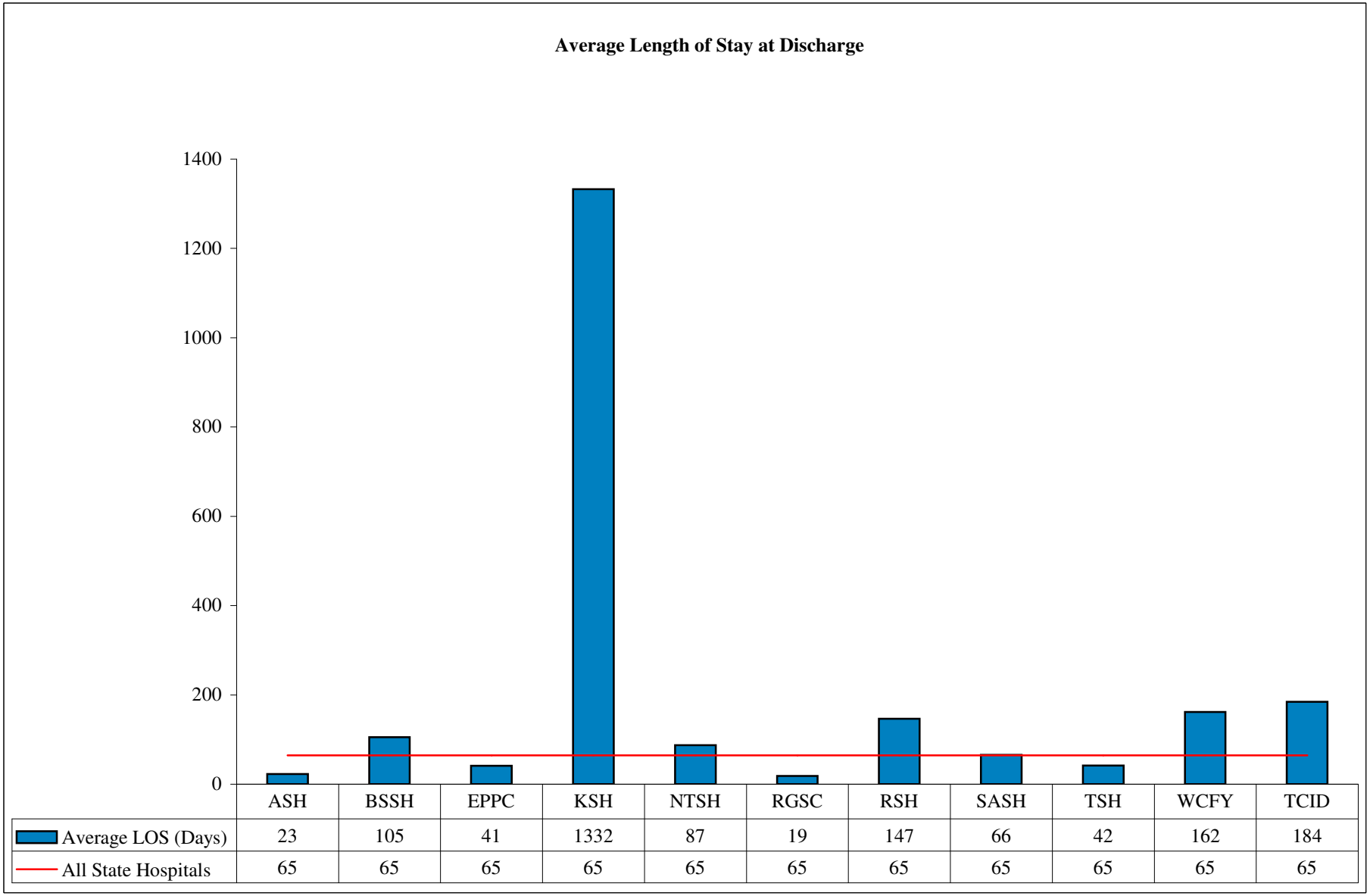
Performance Measure Data Display and Chart Description:

- Chart with quarterly data points showing average length of stay at discharge by category for individual state hospitals and system-wide.
- Chart with average length of stay for admitted and discharged during prior 12 months by category for individual state hospitals and system-wide.

Data Flow:



Measure 5D - Average Length of Stay at Discharge
All State Hospitals



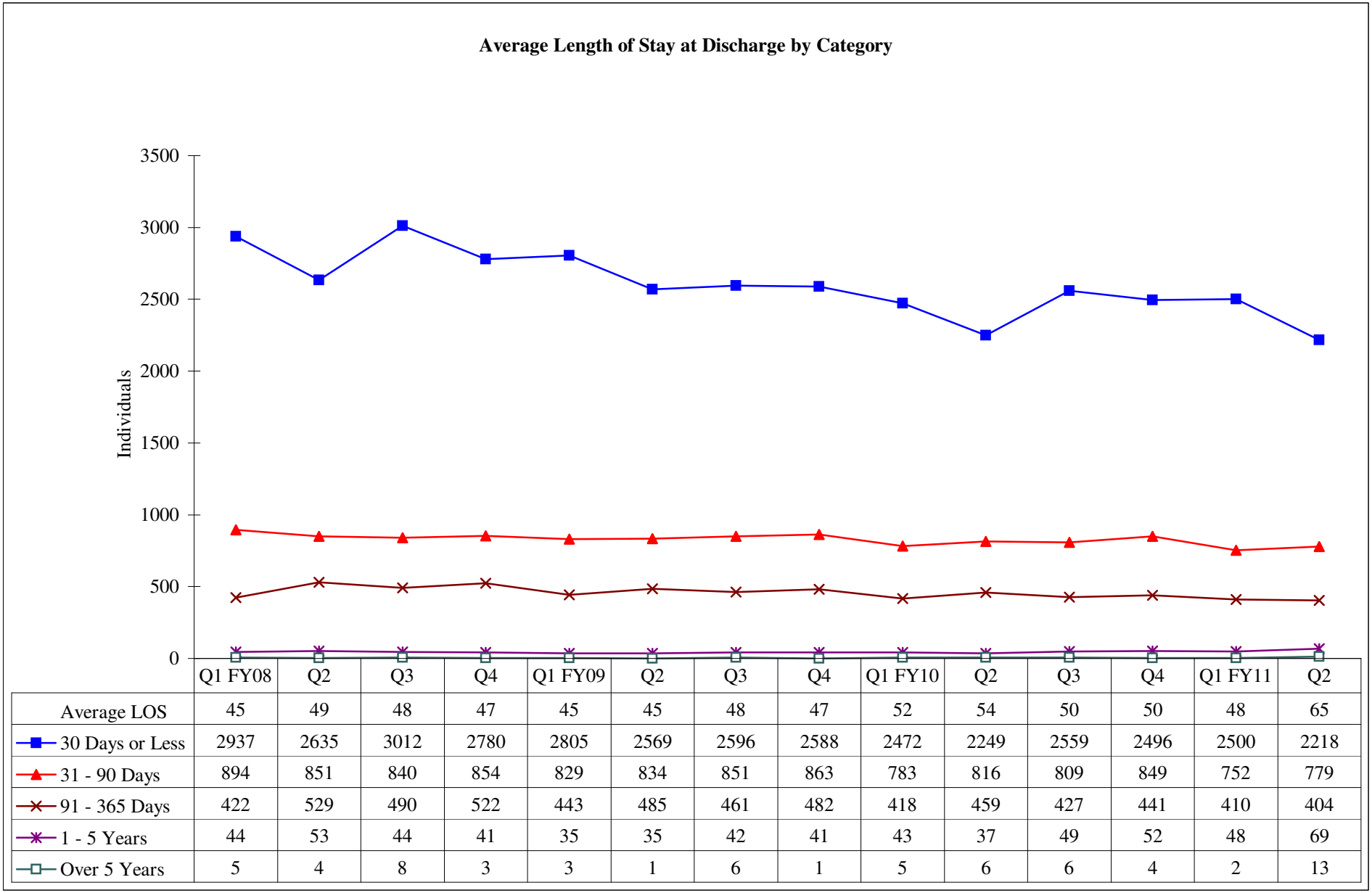
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	TCID
Average LOS (Days)	23	105	41	1332	87	19	147	66	42	162	184
All State Hospitals	65	65	65	65	65	65	65	65	65	65	65

TCID - not included in All State Hospitals Average

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
All State MH Hospitals



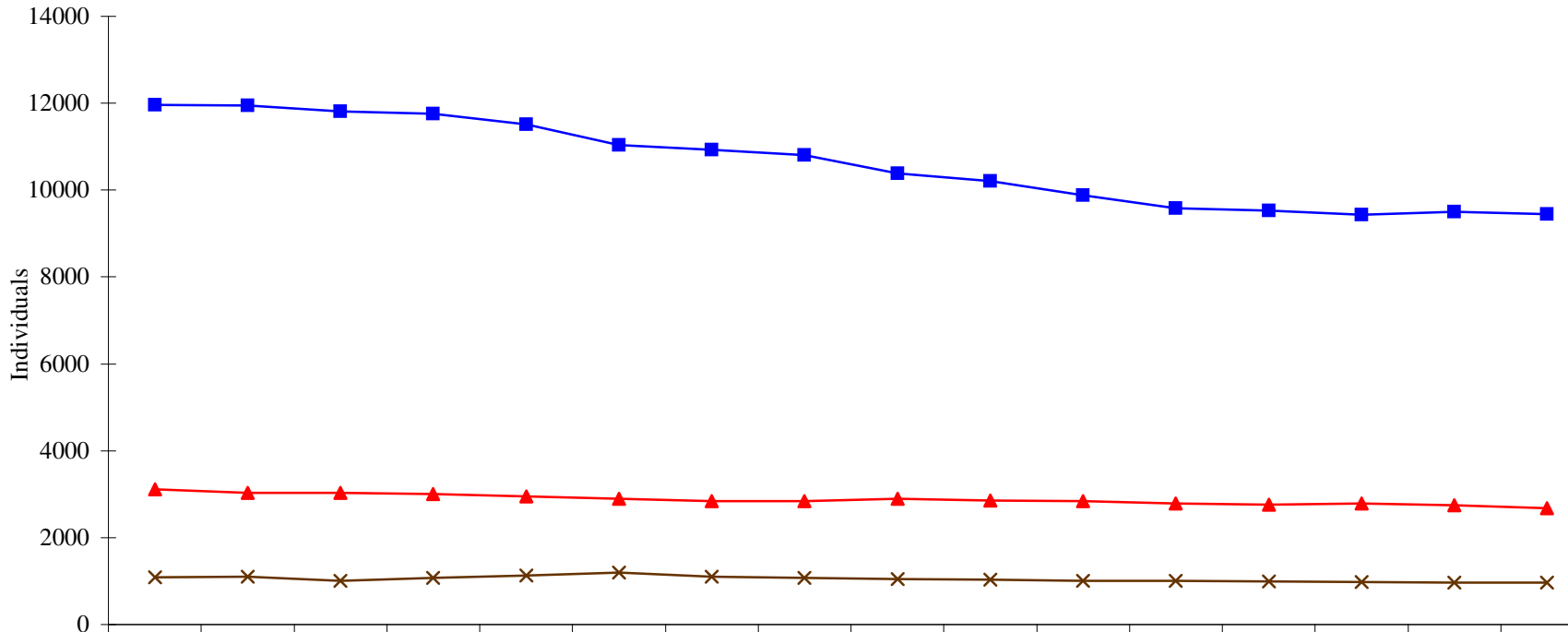
	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	45	49	48	47	45	45	48	47	52	54	50	50	48	65
30 Days or Less	2937	2635	3012	2780	2805	2569	2596	2588	2472	2249	2559	2496	2500	2218
31 - 90 Days	894	851	840	854	829	834	851	863	783	816	809	849	752	779
91 - 365 Days	422	529	490	522	443	485	461	482	418	459	427	441	410	404
1 - 5 Years	44	53	44	41	35	35	42	41	43	37	49	52	48	69
Over 5 Years	5	4	8	3	3	1	6	1	5	6	6	4	2	13

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
All State MH Hospitals

Average Length of Stay for Admitted and Discharged During Prior 12 Months

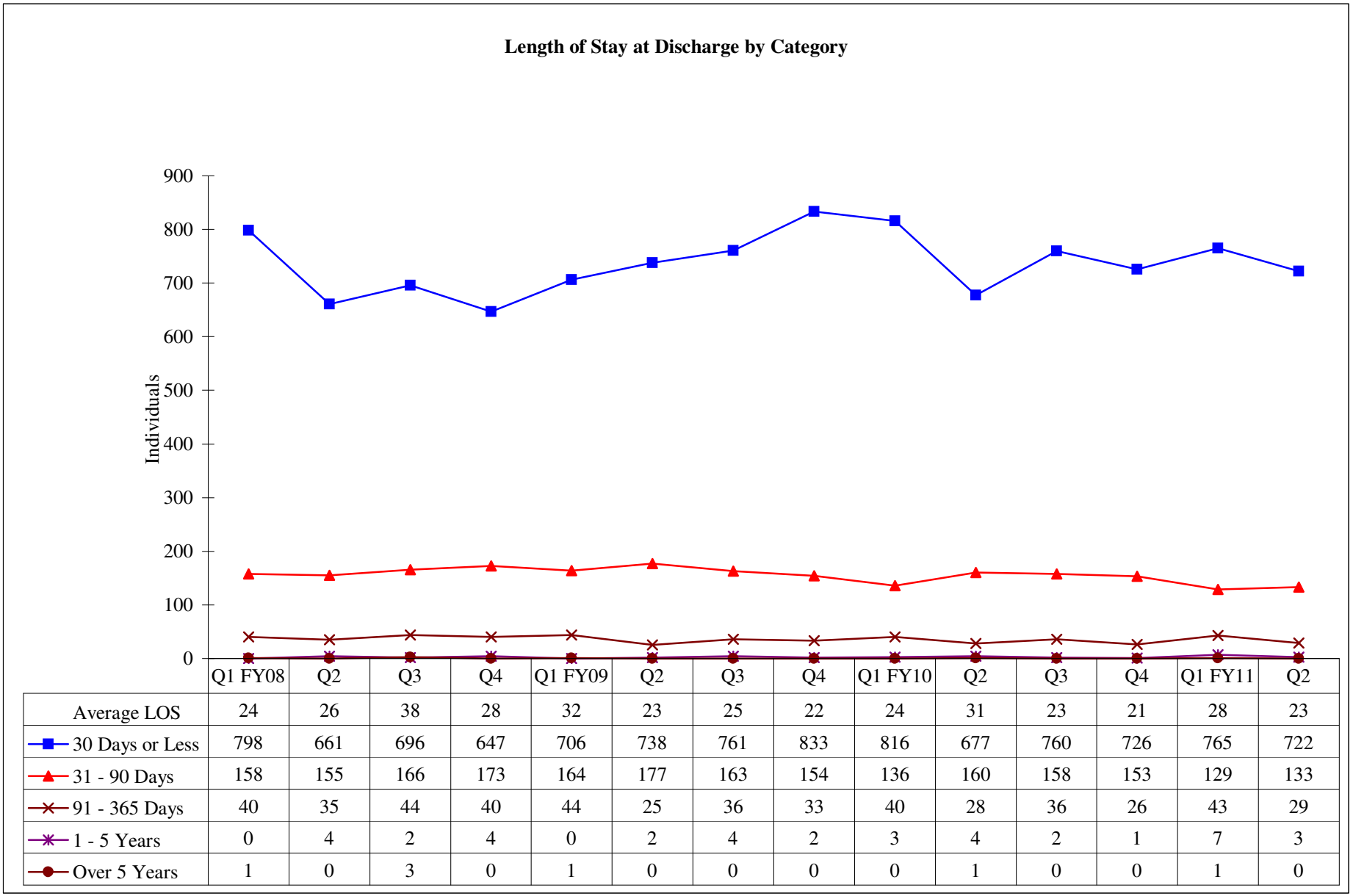


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	27	27	27	27	28	29	28	28	29	29	29	29	29	29	29	29
30 Days or Less	11955	11948	11816	11751	11516	11040	10922	10805	10380	10205	9882	9583	9530	9438	9506	9440
31-90 Days	3109	3031	3026	3006	2949	2898	2847	2844	2891	2859	2835	2791	2762	2781	2742	2681
91-365 Days	1086	1104	1011	1079	1131	1202	1101	1076	1047	1035	1006	1011	999	973	962	968

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Austin State Hospital

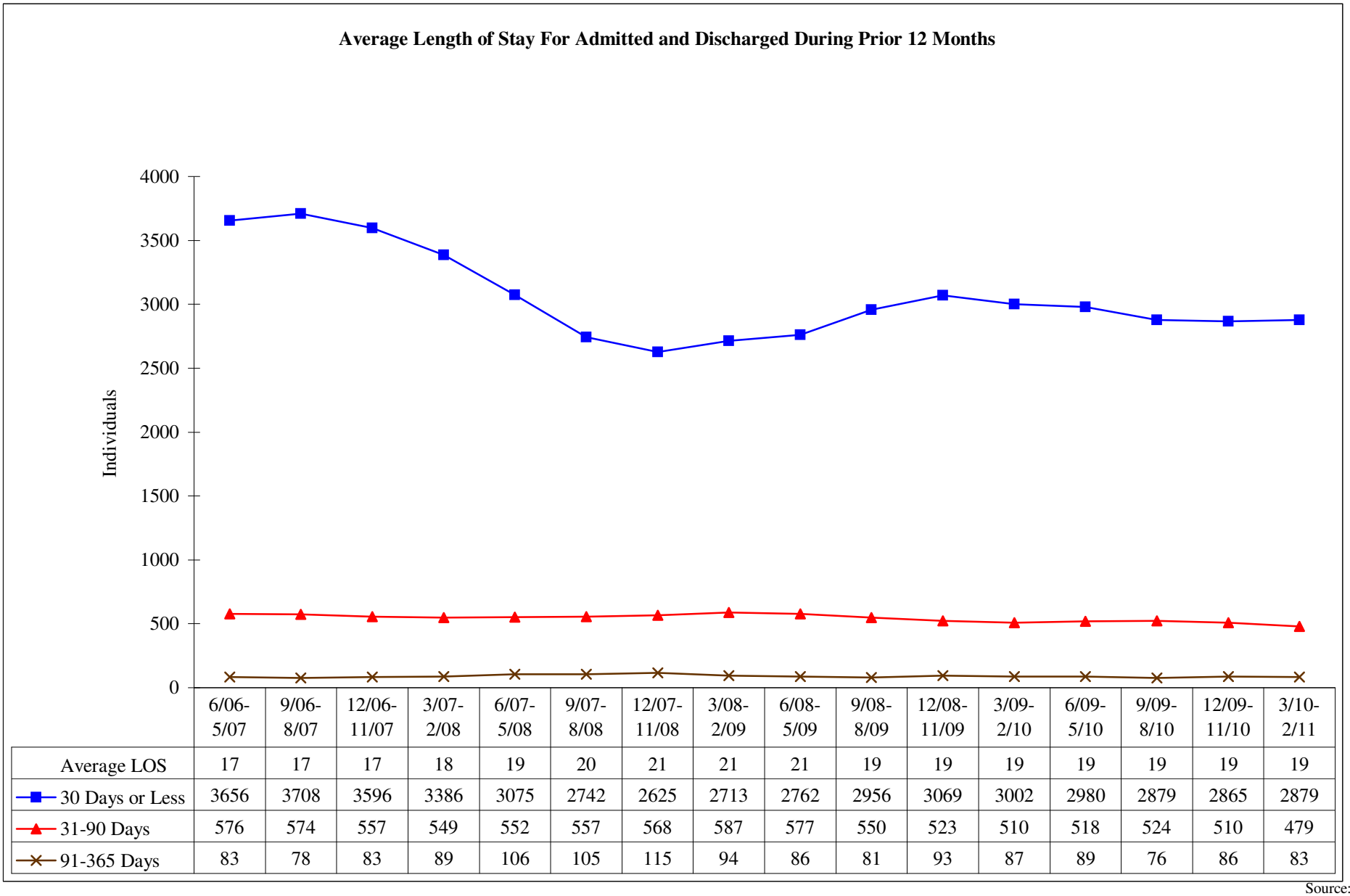


	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	24	26	38	28	32	23	25	22	24	31	23	21	28	23
30 Days or Less	798	661	696	647	706	738	761	833	816	677	760	726	765	722
31 - 90 Days	158	155	166	173	164	177	163	154	136	160	158	153	129	133
91 - 365 Days	40	35	44	40	44	25	36	33	40	28	36	26	43	29
1 - 5 Years	0	4	2	4	0	2	4	2	3	4	2	1	7	3
Over 5 Years	1	0	3	0	1	0	0	0	0	1	0	0	1	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Austin State Hospital

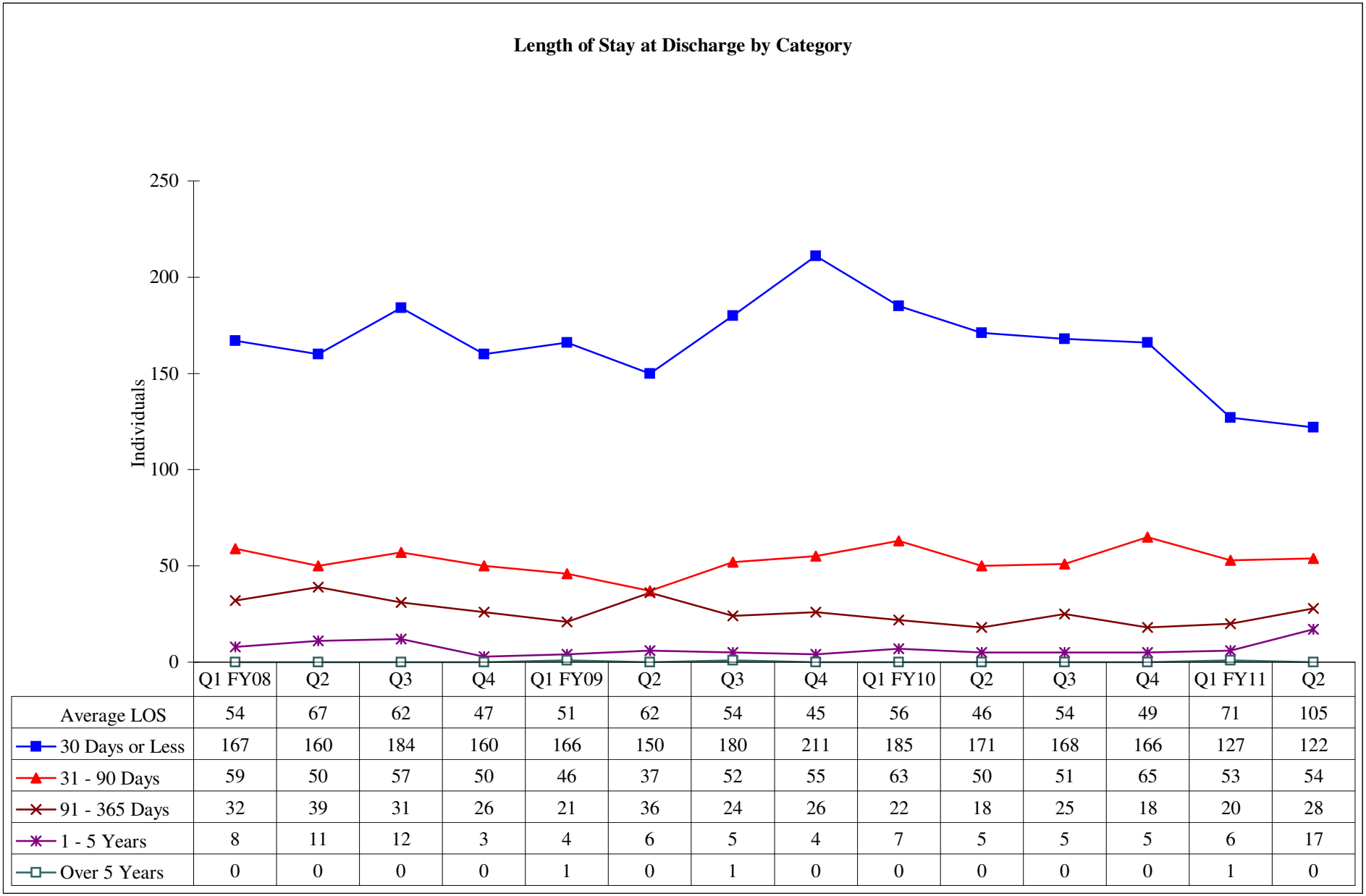


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	17	17	17	18	19	20	21	21	21	19	19	19	19	19	19	19
30 Days or Less	3656	3708	3596	3386	3075	2742	2625	2713	2762	2956	3069	3002	2980	2879	2865	2879
31-90 Days	576	574	557	549	552	557	568	587	577	550	523	510	518	524	510	479
91-365 Days	83	78	83	89	106	105	115	94	86	81	93	87	89	76	86	83

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital



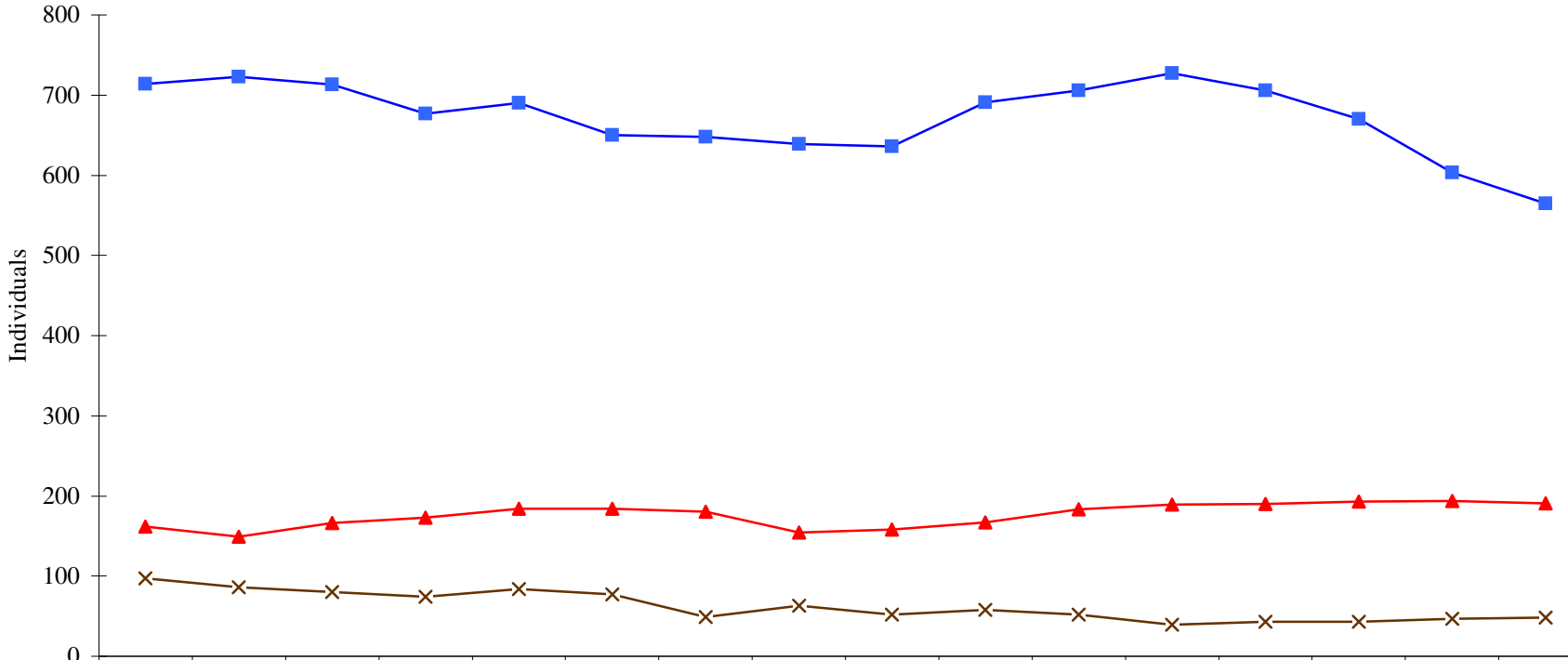
	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	54	67	62	47	51	62	54	45	56	46	54	49	71	105
30 Days or Less	167	160	184	160	166	150	180	211	185	171	168	166	127	122
31 - 90 Days	59	50	57	50	46	37	52	55	63	50	51	65	53	54
91 - 365 Days	32	39	31	26	21	36	24	26	22	18	25	18	20	28
1 - 5 Years	8	11	12	3	4	6	5	4	7	5	5	5	6	17
Over 5 Years	0	0	0	0	1	0	1	0	0	0	0	0	1	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital

Average Length of Stay for Admitted and Discharged During Prior 12 Months

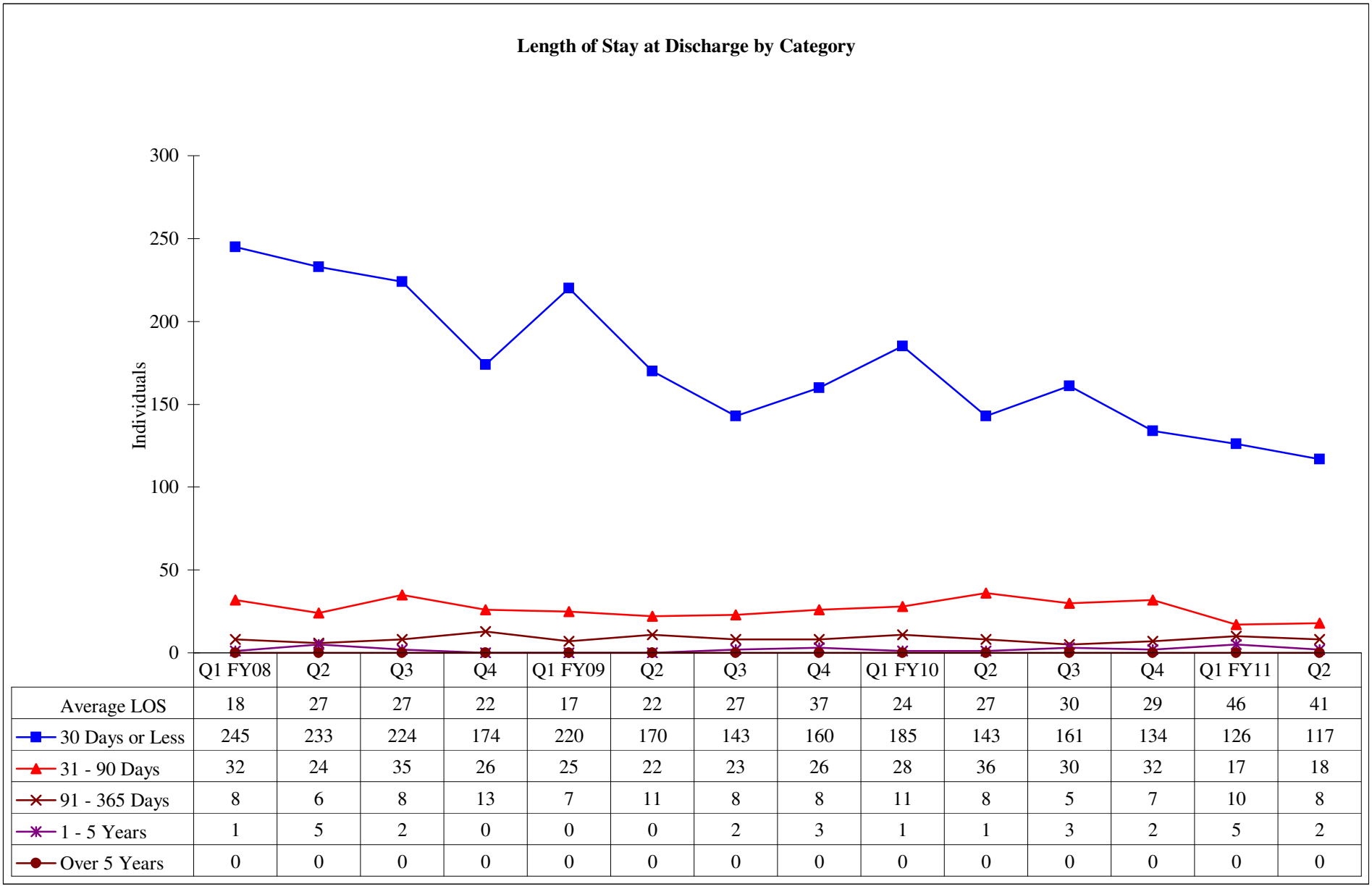


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	31	30	29	29	31	31	27	29	27	27	27	24	25	25	28	29
30 Days or Less	714	723	713	677	690	650	648	639	636	691	706	727	706	670	603	565
31-90 Days	162	149	166	173	184	184	180	154	158	167	183	189	190	193	194	191
91-365 Days	97	86	80	74	84	77	49	63	52	58	52	39	43	43	47	48

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center



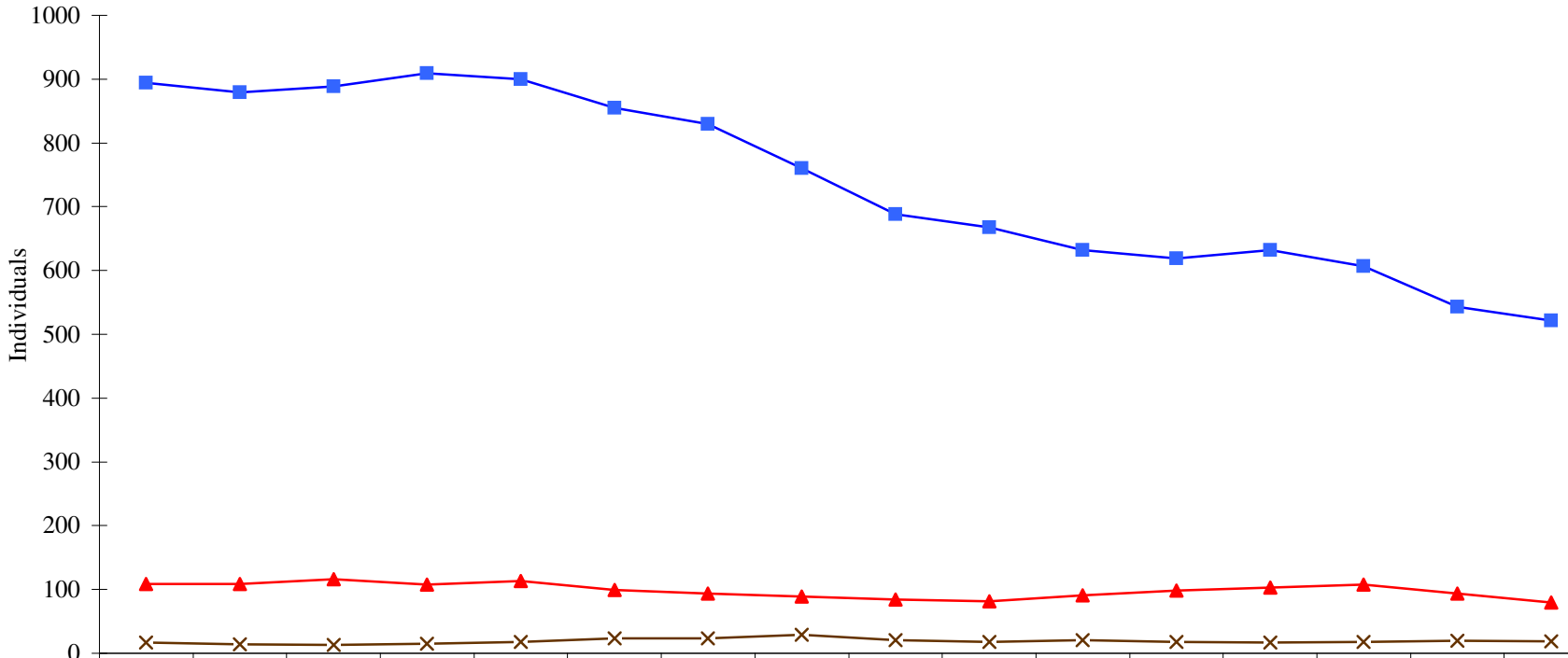
	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	18	27	27	22	17	22	27	37	24	27	30	29	46	41
30 Days or Less	245	233	224	174	220	170	143	160	185	143	161	134	126	117
31 - 90 Days	32	24	35	26	25	22	23	26	28	36	30	32	17	18
91 - 365 Days	8	6	8	13	7	11	8	8	11	8	5	7	10	8
1 - 5 Years	1	5	2	0	0	0	2	3	1	1	3	2	5	2
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center

Average Length of Stay for Admitted and Discharged During Prior 12 Months

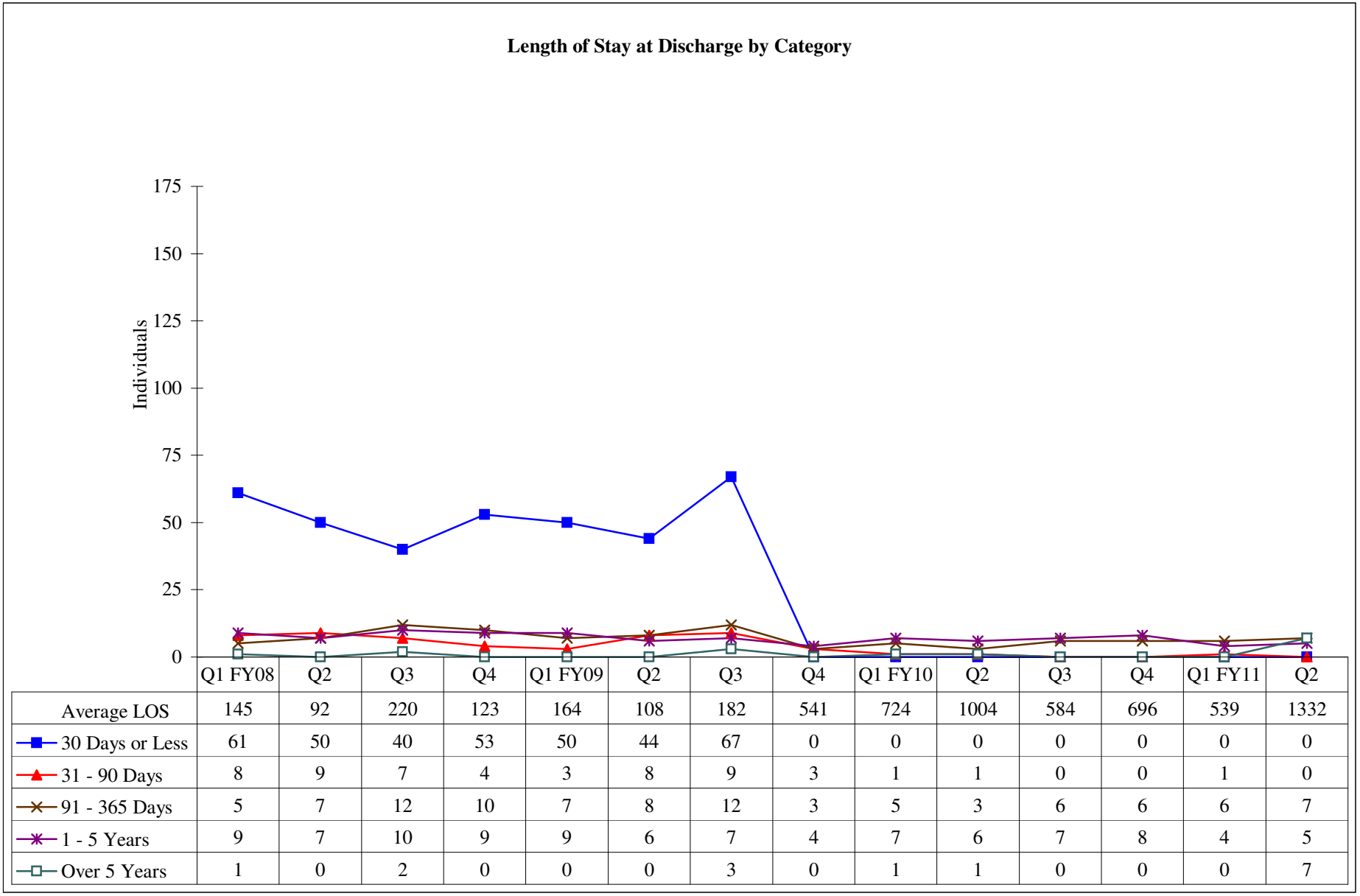


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	16	15	15	15	15	16	16	18	17	17	18	18	18	19	20	20
30 Days or Less	894	879	889	909	900	855	830	760	688	668	632	619	632	607	543	522
31-90 Days	109	109	116	108	113	99	94	89	84	81	91	98	103	108	94	80
91-365 Days	17	14	13	15	18	23	23	29	21	18	21	18	17	18	20	19

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital



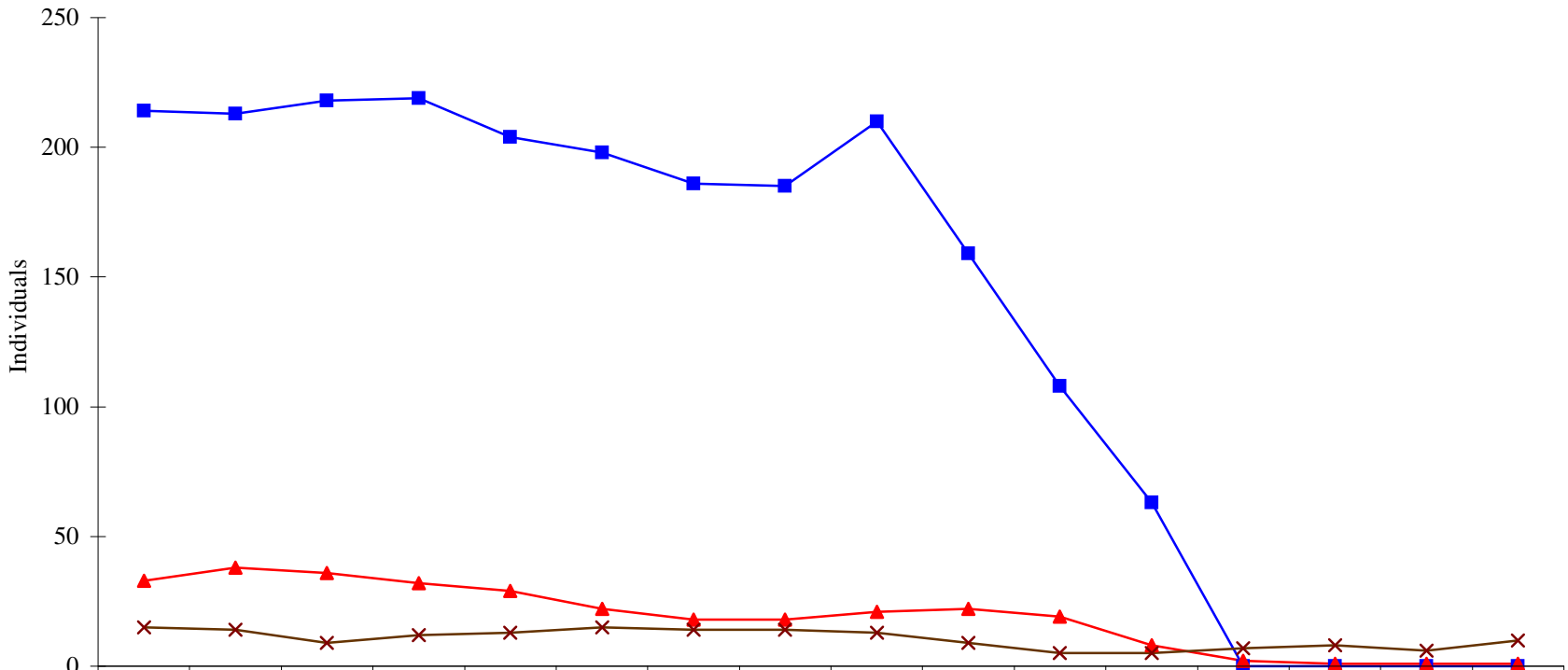
	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	145	92	220	123	164	108	182	541	724	1004	584	696	539	1332
30 Days or Less	61	50	40	53	50	44	67	0	0	0	0	0	0	0
31 - 90 Days	8	9	7	4	3	8	9	3	1	1	0	0	1	0
91 - 365 Days	5	7	12	10	7	8	12	3	5	3	6	6	6	7
1 - 5 Years	9	7	10	9	9	6	7	4	7	6	7	8	4	5
Over 5 Years	1	0	2	0	0	0	3	0	1	1	0	0	0	7

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital

Average Length of Stay for Admitted and Discharged During Prior 12 Months

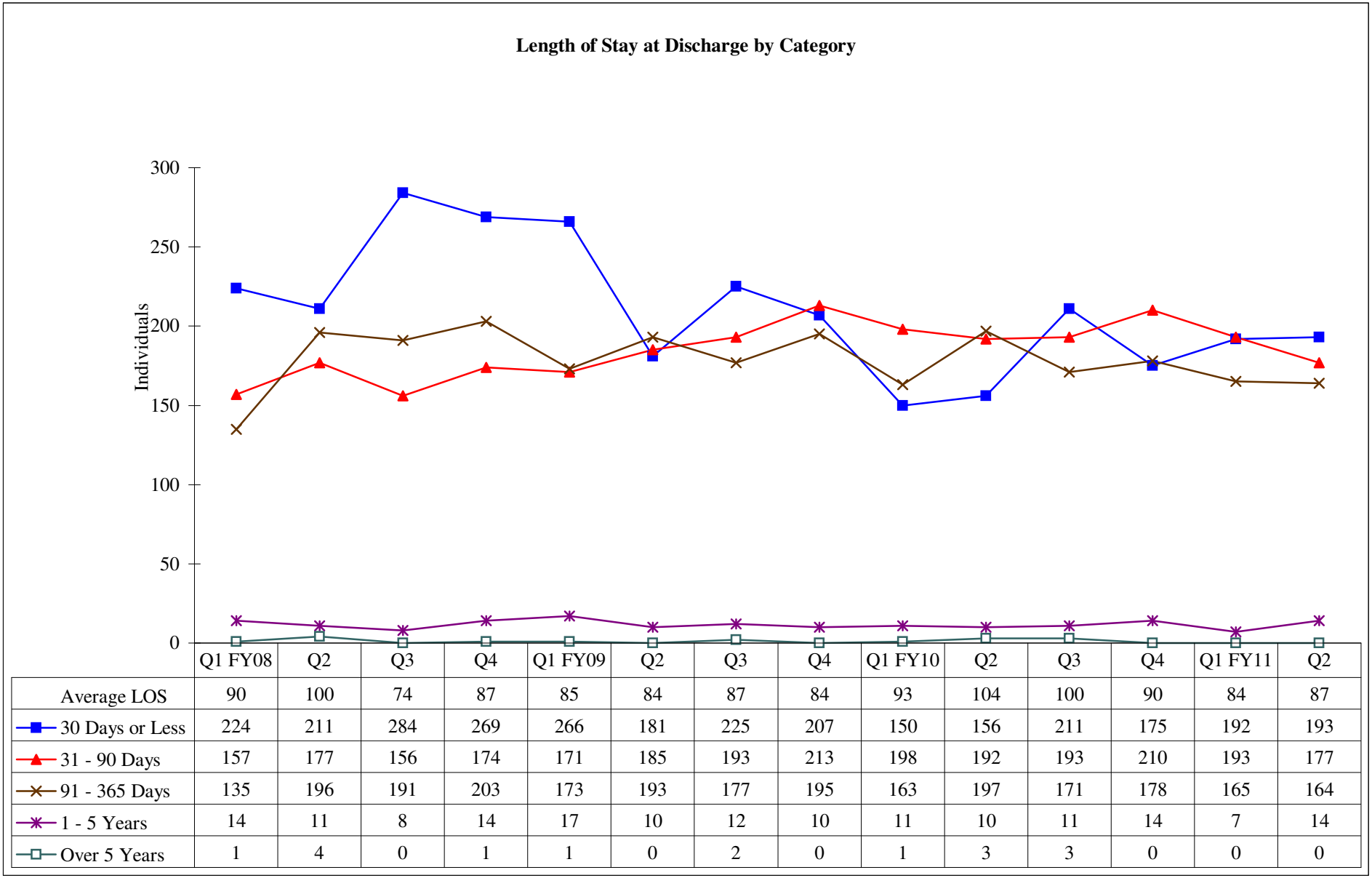


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	22	24	20	22	22	23	21	22	19	21	20	24	176	197	180	160
30 Days or Less	214	213	218	219	204	198	186	185	210	159	108	63	0	0	0	0
31-90 Days	33	38	36	32	29	22	18	18	21	22	19	8	2	1	1	1
91-365 Days	15	14	9	12	13	15	14	14	13	9	5	5	7	8	6	10

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital

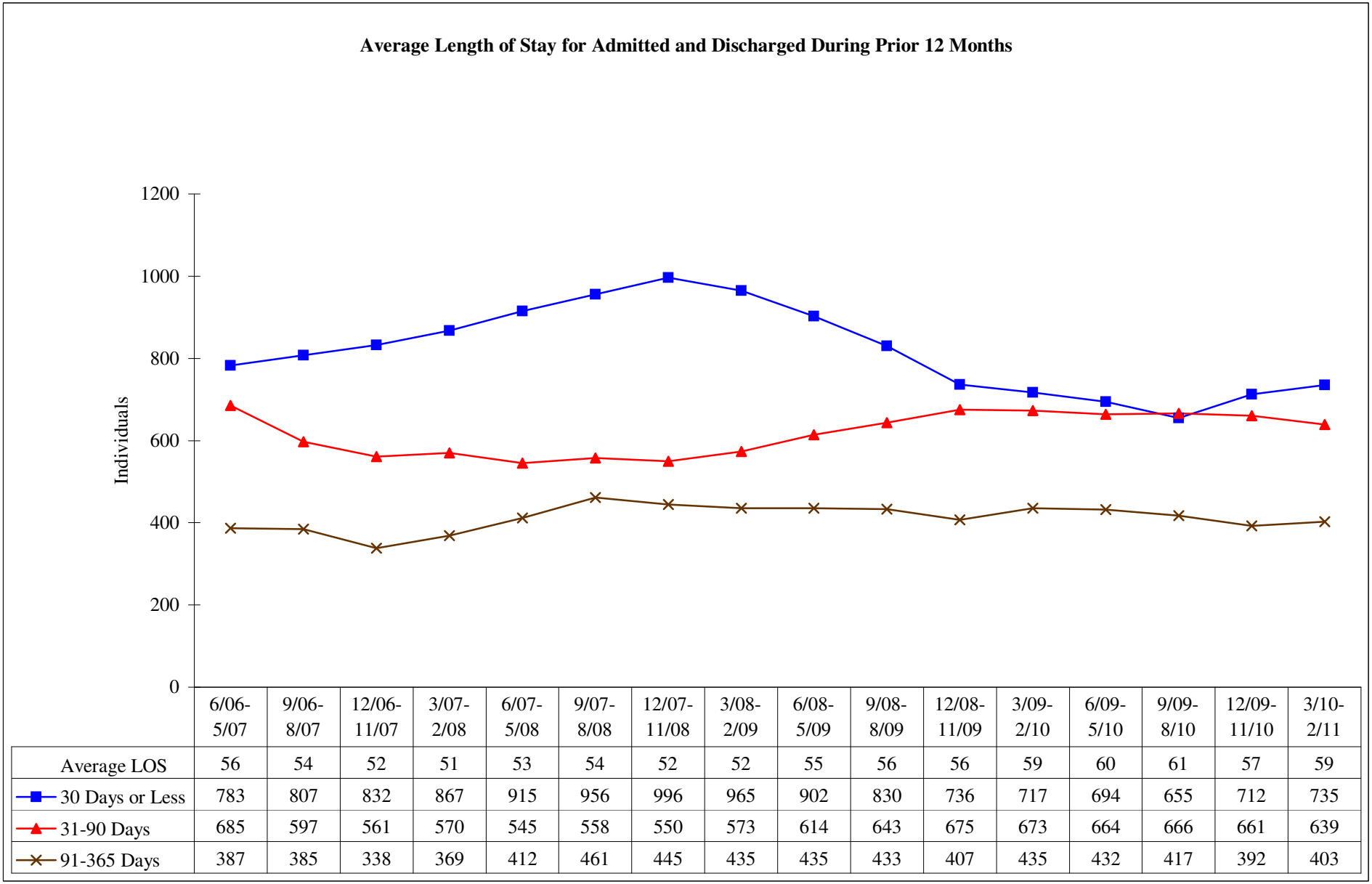


	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	90	100	74	87	85	84	87	84	93	104	100	90	84	87
30 Days or Less	224	211	284	269	266	181	225	207	150	156	211	175	192	193
31 - 90 Days	157	177	156	174	171	185	193	213	198	192	193	210	193	177
91 - 365 Days	135	196	191	203	173	193	177	195	163	197	171	178	165	164
1 - 5 Years	14	11	8	14	17	10	12	10	11	10	11	14	7	14
Over 5 Years	1	4	0	1	1	0	2	0	1	3	3	0	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital

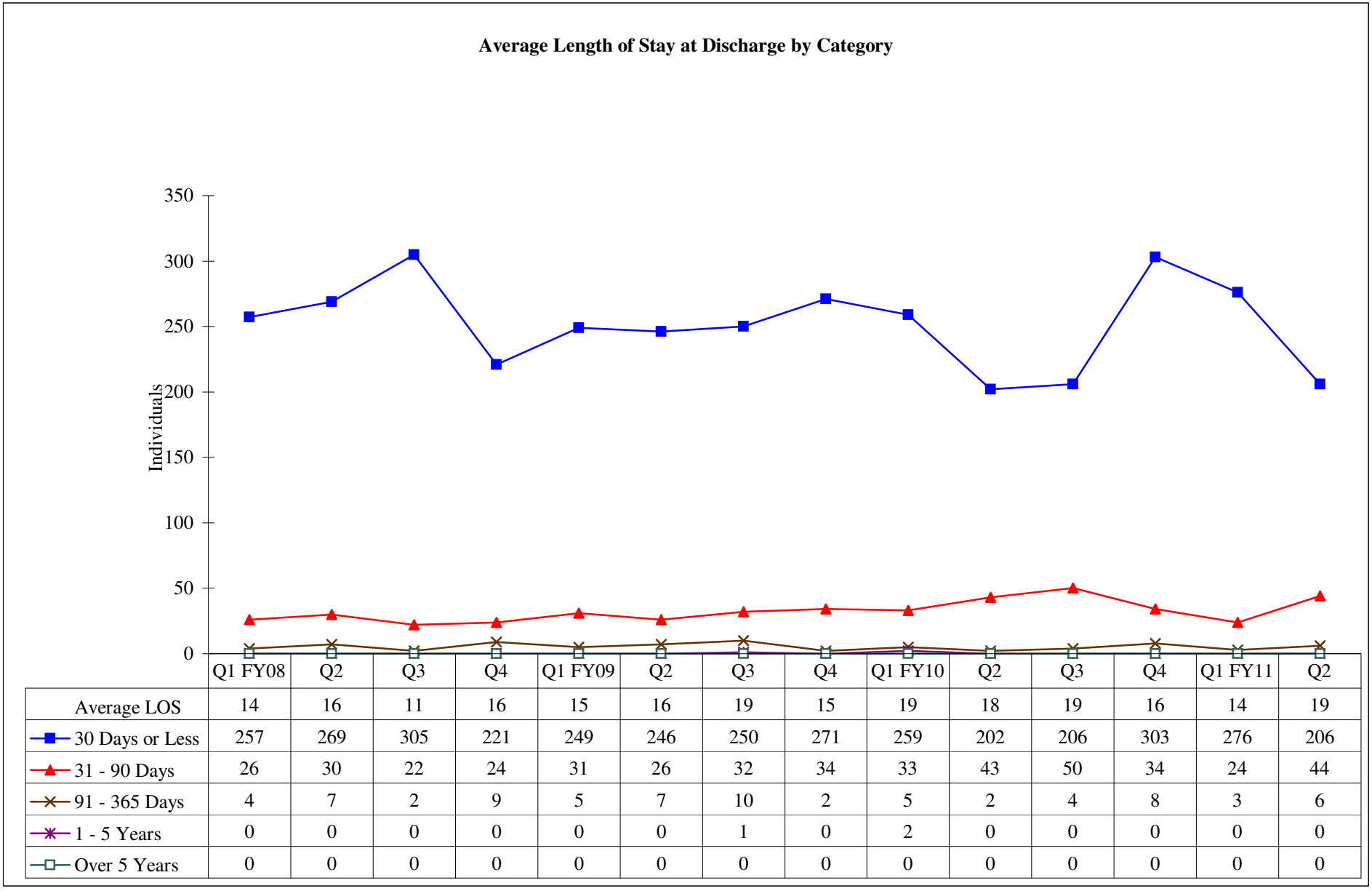


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	56	54	52	51	53	54	52	52	55	56	56	59	60	61	57	59
30 Days or Less	783	807	832	867	915	956	996	965	902	830	736	717	694	655	712	735
31-90 Days	685	597	561	570	545	558	550	573	614	643	675	673	664	666	661	639
91-365 Days	387	385	338	369	412	461	445	435	435	433	407	435	432	417	392	403

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center



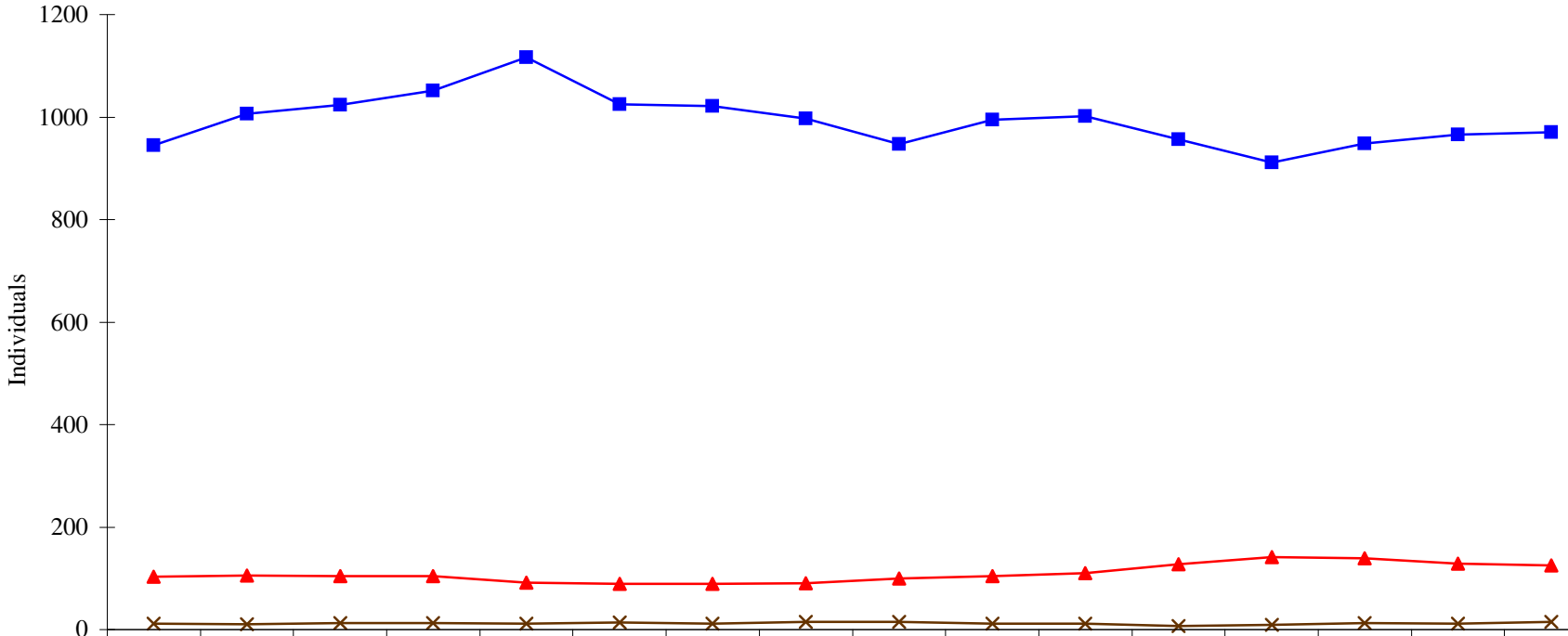
	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	14	16	11	16	15	16	19	15	19	18	19	16	14	19
30 Days or Less	257	269	305	221	249	246	250	271	259	202	206	303	276	206
31 - 90 Days	26	30	22	24	31	26	32	34	33	43	50	34	24	44
91 - 365 Days	4	7	2	9	5	7	10	2	5	2	4	8	3	6
1 - 5 Years	0	0	0	0	0	0	1	0	2	0	0	0	0	0
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center

Average Length of Stay for Admitted and Discharged During Prior 12 Months

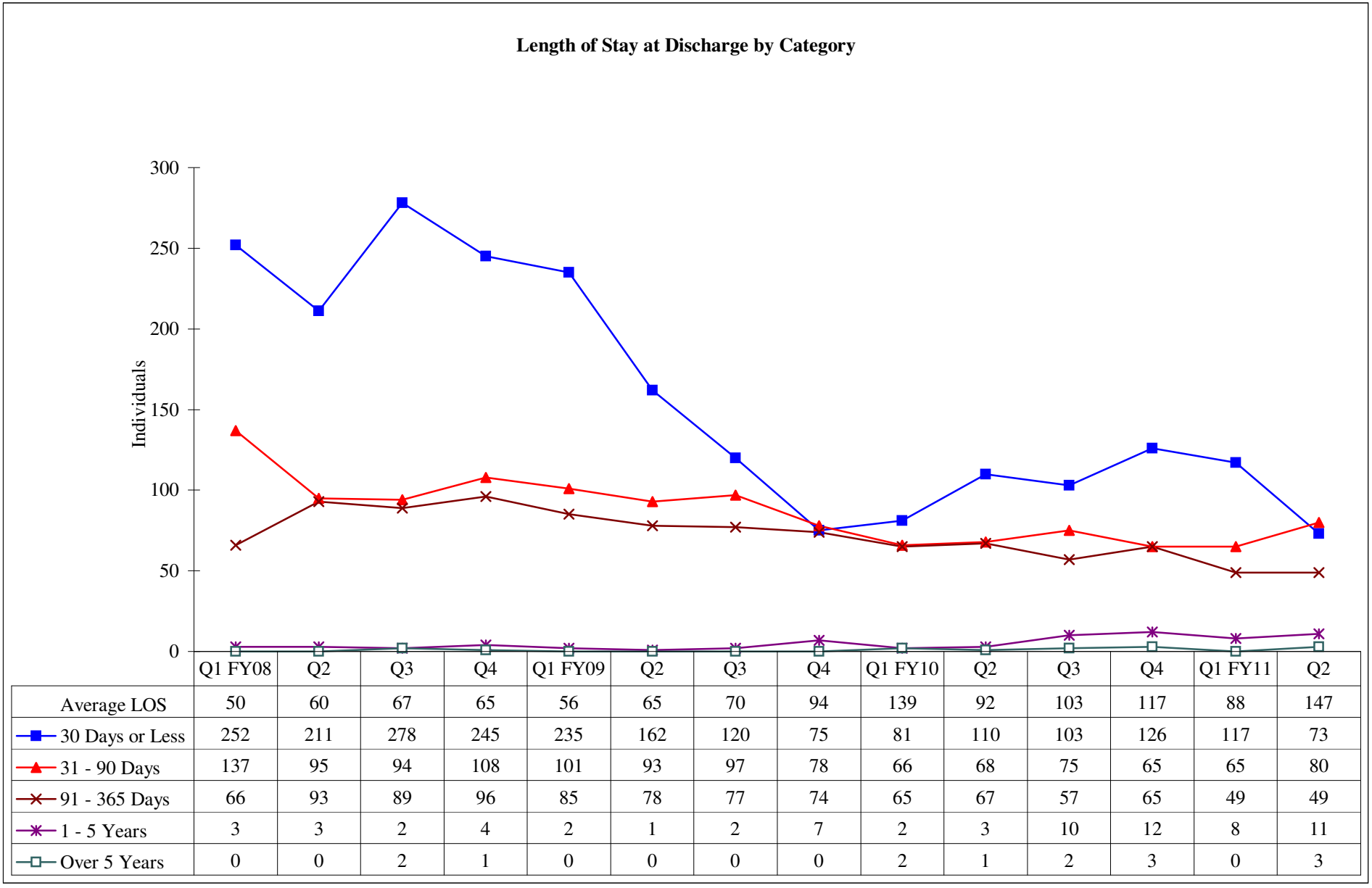


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	14	13	13	13	12	13	12	13	13	13	14	14	15	16	15	15
30 Days or Less	945	1006	1024	1052	1116	1025	1022	997	947	995	1002	956	911	948	966	970
31-90 Days	103	106	104	104	92	89	89	90	100	104	110	128	141	139	129	125
91-365 Days	12	11	13	13	12	14	12	15	15	12	12	7	9	13	12	15

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital

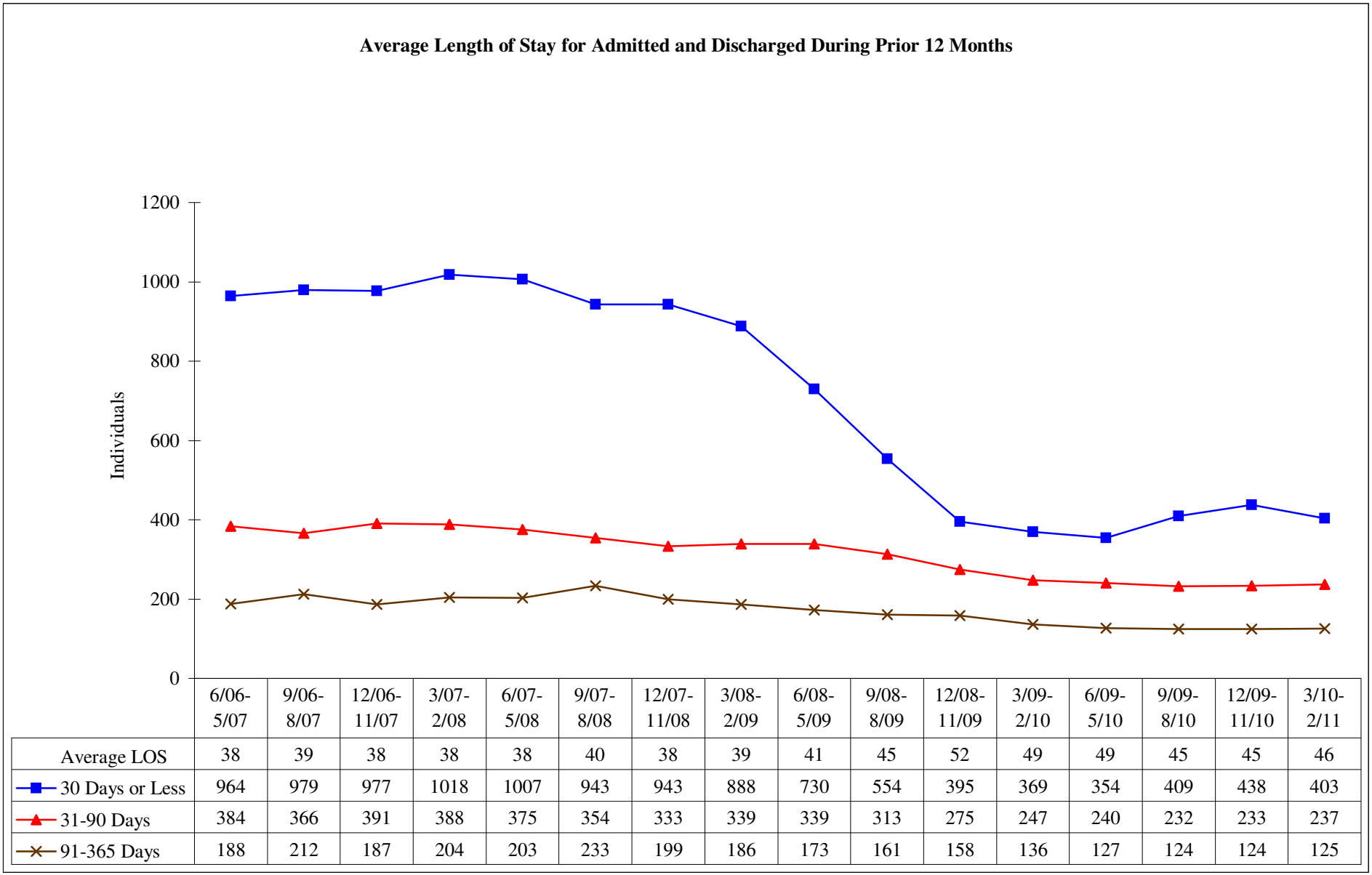


	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	50	60	67	65	56	65	70	94	139	92	103	117	88	147
30 Days or Less	252	211	278	245	235	162	120	75	81	110	103	126	117	73
31 - 90 Days	137	95	94	108	101	93	97	78	66	68	75	65	65	80
91 - 365 Days	66	93	89	96	85	78	77	74	65	67	57	65	49	49
1 - 5 Years	3	3	2	4	2	1	2	7	2	3	10	12	8	11
Over 5 Years	0	0	2	1	0	0	0	0	2	1	2	3	0	3

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital

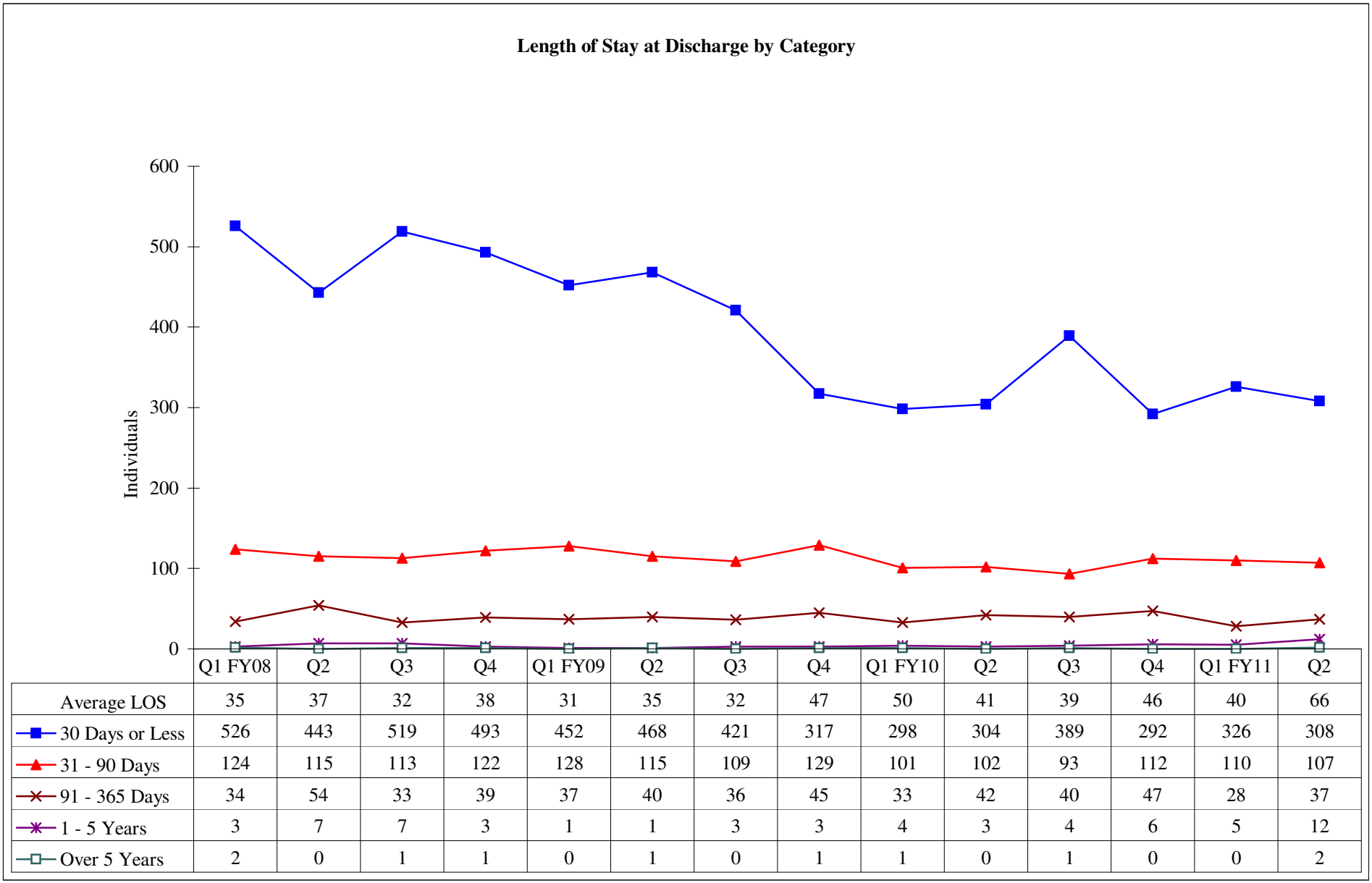


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	38	39	38	38	38	40	38	39	41	45	52	49	49	45	45	46
30 Days or Less	964	979	977	1018	1007	943	943	888	730	554	395	369	354	409	438	403
31-90 Days	384	366	391	388	375	354	333	339	339	313	275	247	240	232	233	237
91-365 Days	188	212	187	204	203	233	199	186	173	161	158	136	127	124	124	125

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital



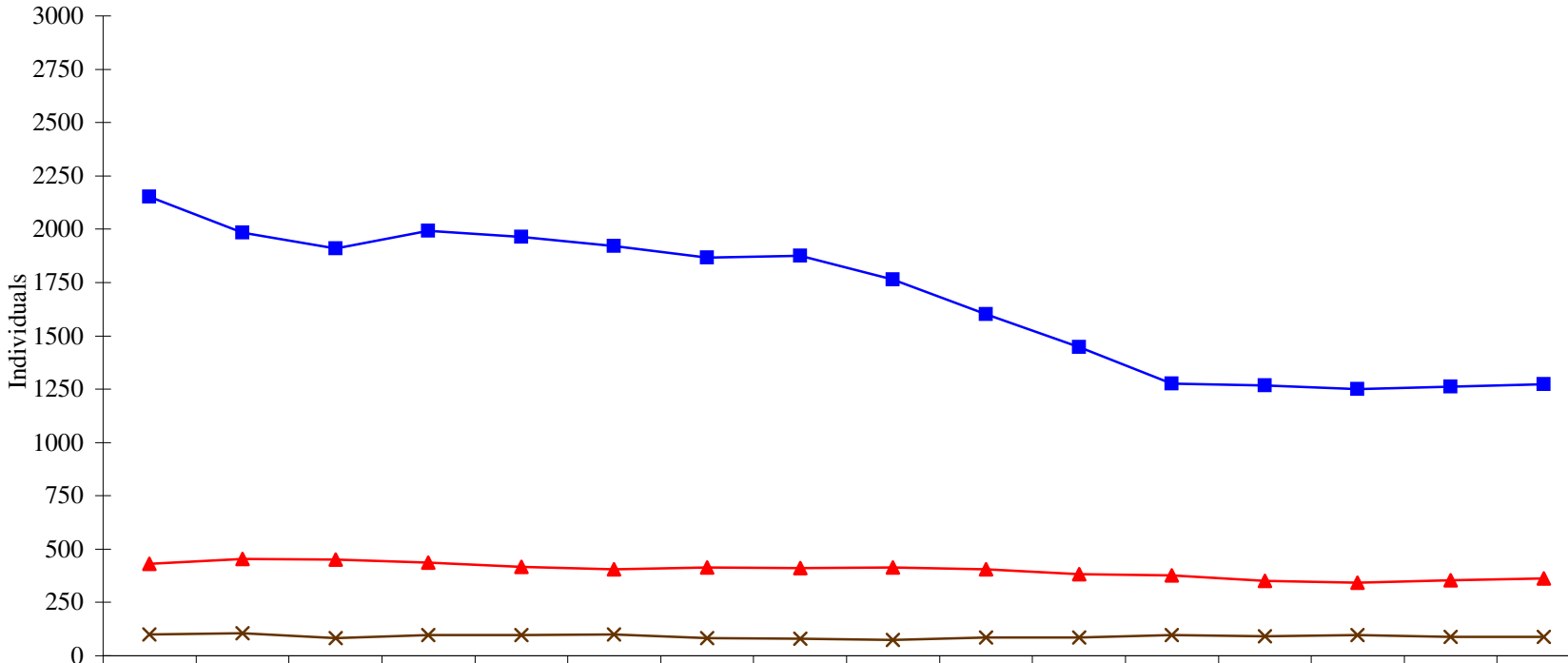
	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	35	37	32	38	31	35	32	47	50	41	39	46	40	66
30 Days or Less	526	443	519	493	452	468	421	317	298	304	389	292	326	308
31 - 90 Days	124	115	113	122	128	115	109	129	101	102	93	112	110	107
91 - 365 Days	34	54	33	39	37	40	36	45	33	42	40	47	28	37
1 - 5 Years	3	7	7	3	1	1	3	3	4	3	4	6	5	12
Over 5 Years	2	0	1	1	0	1	0	1	1	0	1	0	0	2

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

Average Length of Stay for Admitted and Discharged During Prior 12 Months

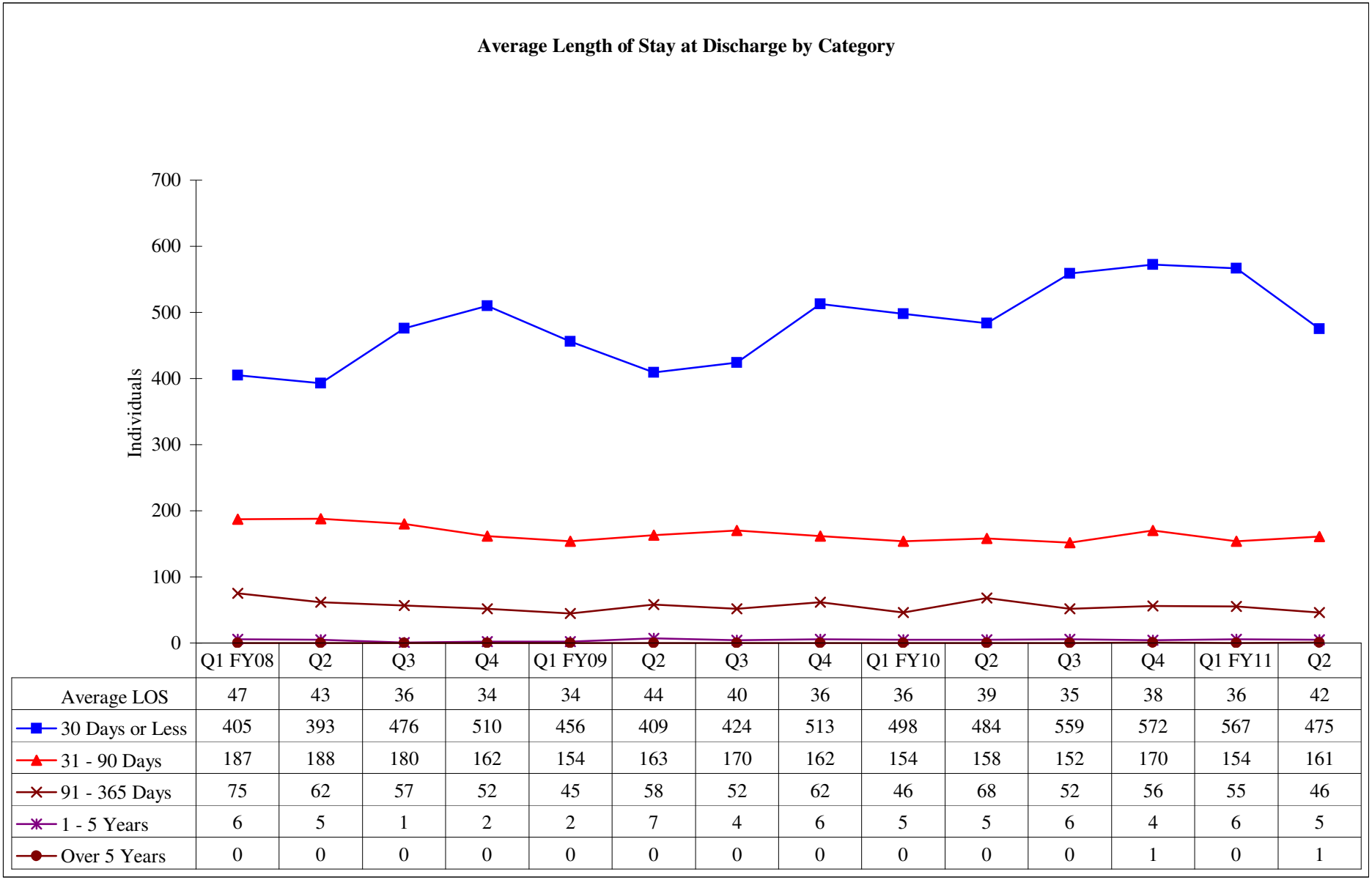


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	21	22	22	22	22	22	22	22	22	24	25	27	26	27	26	26
30 Days or Less	2152	1985	1910	1992	1965	1920	1868	1876	1763	1601	1448	1277	1267	1249	1263	1274
31-90 Days	431	455	452	438	416	406	413	411	415	406	383	378	350	343	353	363
91-365 Days	99	105	83	96	96	99	84	79	75	86	87	97	91	97	88	88

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital



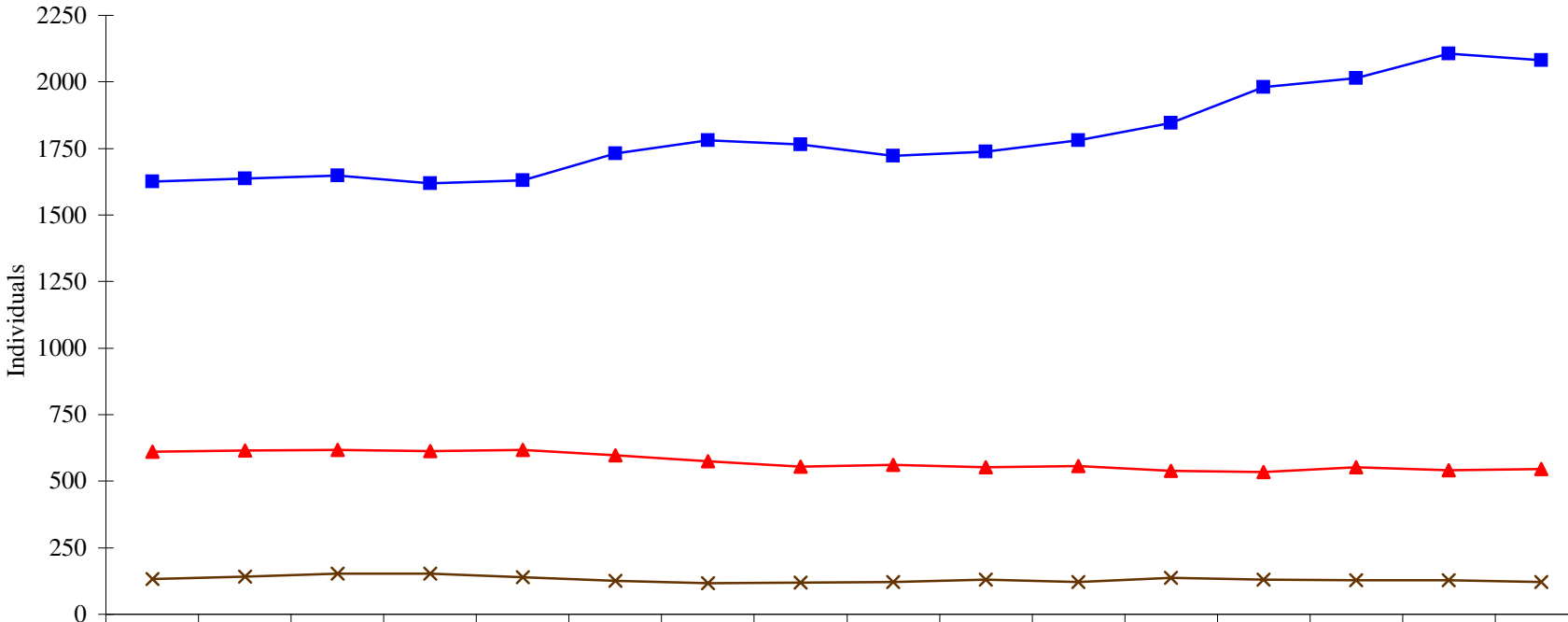
	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	47	43	36	34	34	44	40	36	36	39	35	38	36	42
30 Days or Less	405	393	476	510	456	409	424	513	498	484	559	572	567	475
31 - 90 Days	187	188	180	162	154	163	170	162	154	158	152	170	154	161
91 - 365 Days	75	62	57	52	45	58	52	62	46	68	52	56	55	46
1 - 5 Years	6	5	1	2	2	7	4	6	5	5	6	4	6	5
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	1	0	1

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital

Average Length of Stay for Admitted and Discharged During Prior 12 Months

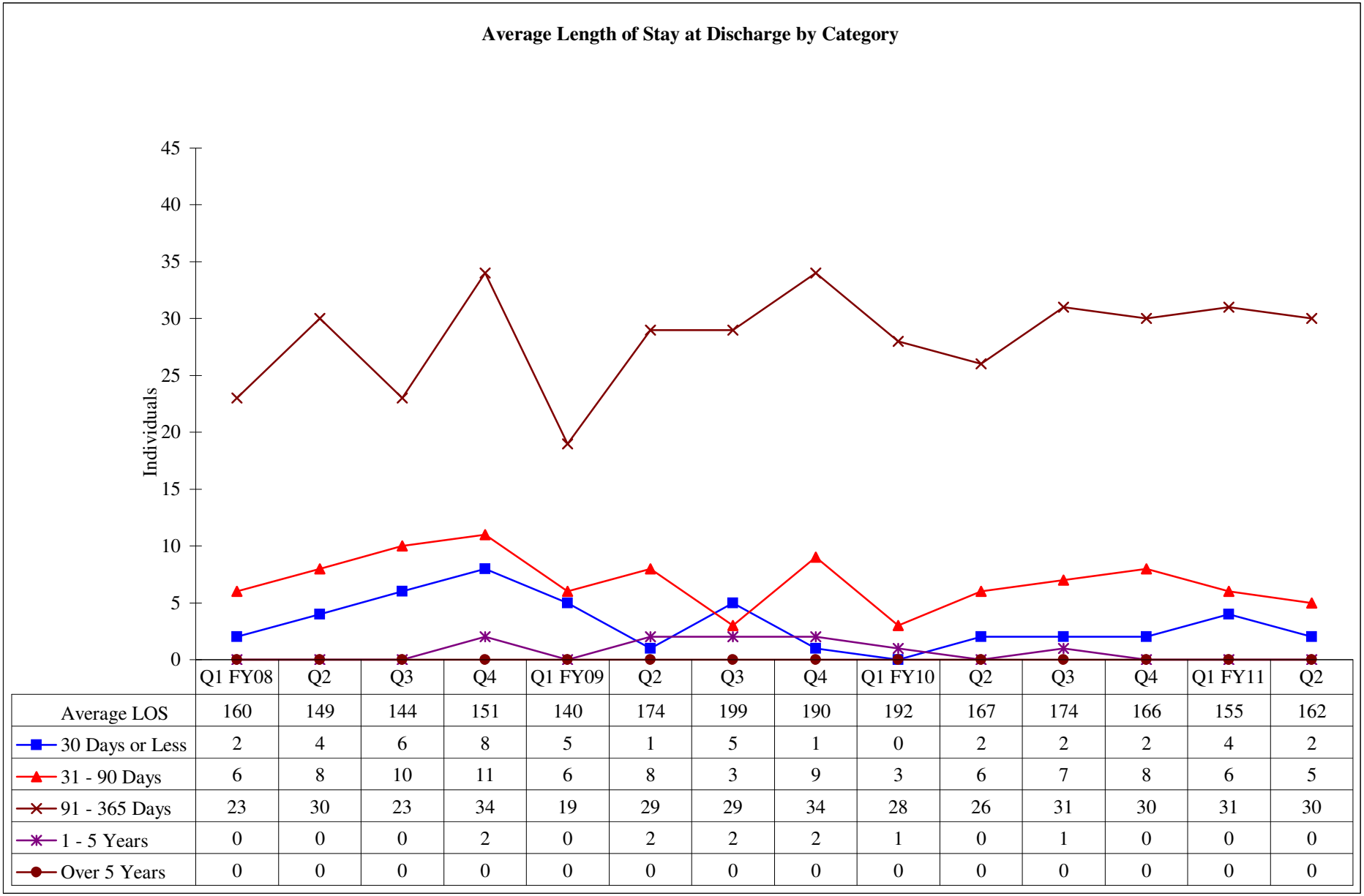


	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	31	31	32	32	31	30	29	29	29	29	28	28	27	27	26	26
30 Days or Less	1625	1638	1648	1619	1630	1731	1781	1764	1723	1739	1780	1845	1981	2015	2106	2082
31-90 Days	611	615	617	614	617	598	574	555	561	553	558	539	534	552	542	545
91-365 Days	133	142	152	153	139	126	117	118	122	130	121	138	130	129	128	122

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth

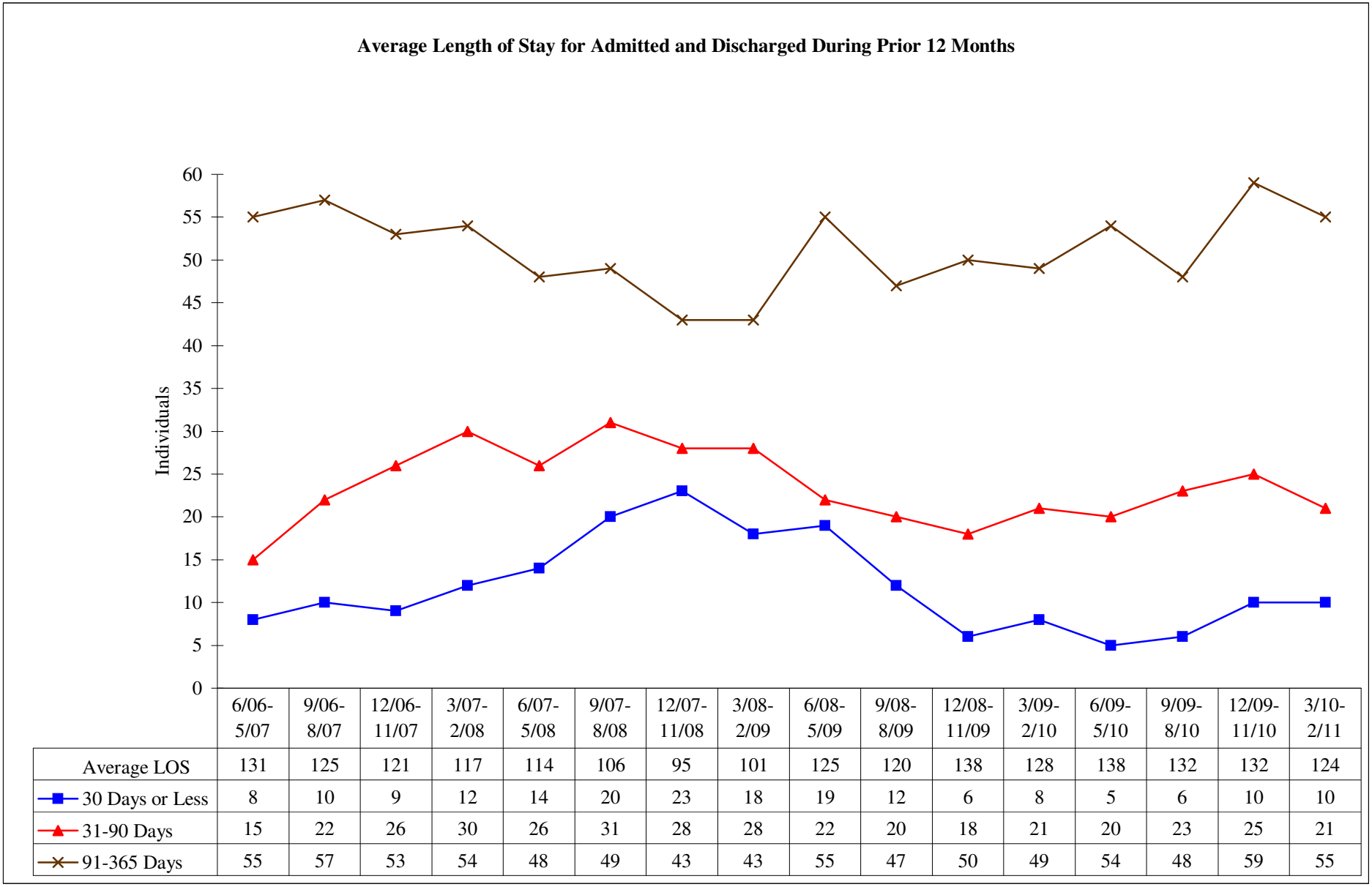


	Q1 FY08	Q2	Q3	Q4	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2
Average LOS	160	149	144	151	140	174	199	190	192	167	174	166	155	162
30 Days or Less	2	4	6	8	5	1	5	1	0	2	2	2	4	2
31 - 90 Days	6	8	10	11	6	8	3	9	3	6	7	8	6	5
91 - 365 Days	23	30	23	34	19	29	29	34	28	26	31	30	31	30
1 - 5 Years	0	0	0	2	0	2	2	2	1	0	1	0	0	0
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth



	6/06-5/07	9/06-8/07	12/06-11/07	3/07-2/08	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11
Average LOS	131	125	121	117	114	106	95	101	125	120	138	128	138	132	132	124
30 Days or Less	8	10	9	12	14	20	23	18	19	12	6	8	5	6	10	10
31-90 Days	15	22	26	30	26	31	28	28	22	20	18	21	20	23	25	21
91-365 Days	55	57	53	54	48	49	43	43	55	47	50	49	54	48	59	55

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

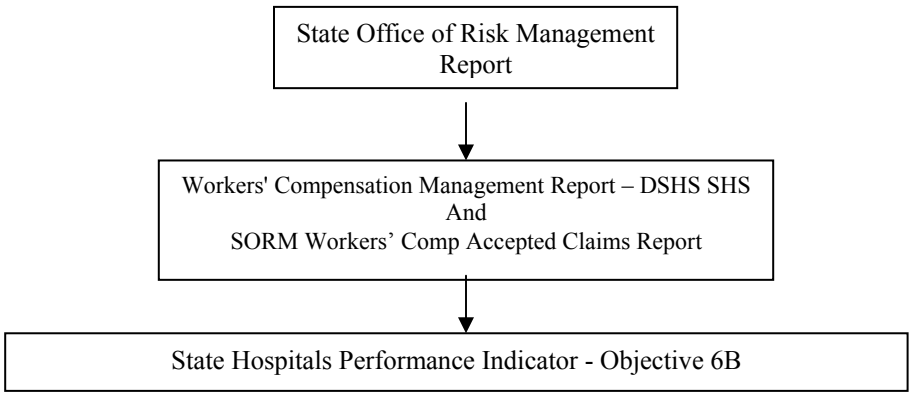
Maintain workers' compensation claim expenses per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.

Performance Objective Operational Definition: Total workers compensation claim expenses per FTE filed for FY 2011 will not exceed the state hospital system average claims cost per FTE for FY2010. Small adjustments are sometimes made after the publication data of the State Office of Risk Management Report. When this occurs, an adjustment in the year-to-date figure will be made in the next month's report. These small adjustments may result in a year-to-date cost figure that is not equal to the sum of all monthly expenditures. In addition, adjustments may be made to the August FYTD amount due to subrogation and reconciliation to year-to-date costs received from the Office of the Attorney General.

Performance Objective Data Display and Chart Description:

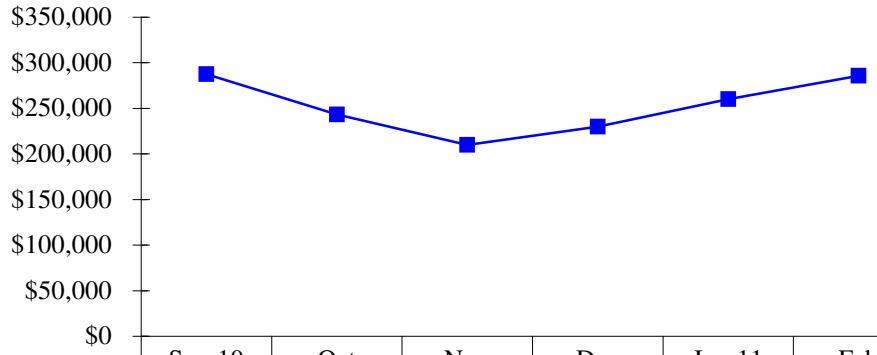
- Chart with monthly data points of claim expenses for individual state hospitals and system-wide.
- Chart with monthly data points of cost per FTE for individual state hospitals and system-wide.

Data Flow:



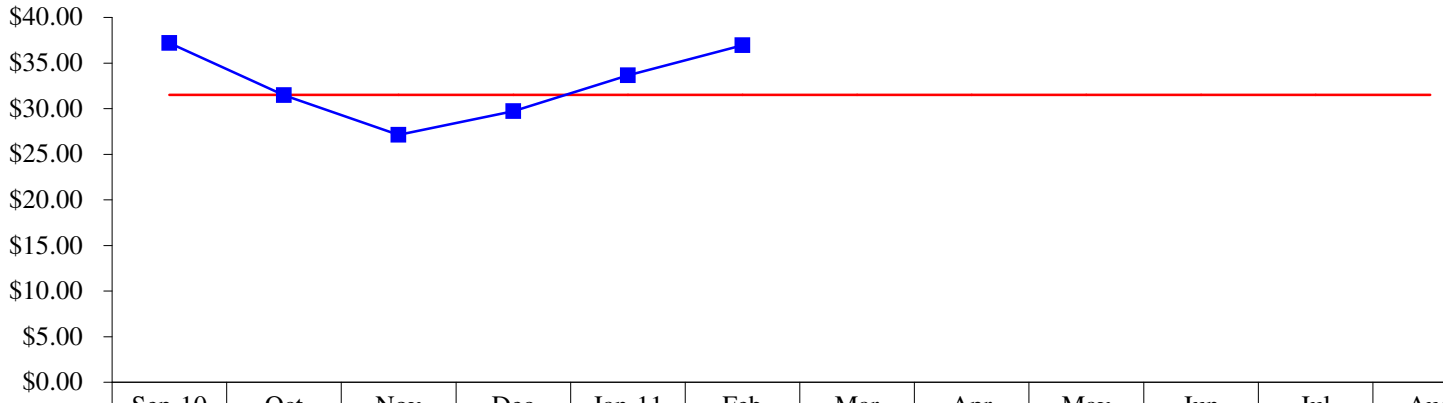
Objective 6B - Workers Compensation
All State Hospitals

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$287,614	$243,403	$209,843	$229,795	$260,095	$285,631						
FYTD Expend.	$287,614	$531,017	$740,860	$970,655	$1,230,750	$1,516,381						

Average Monthly Cost Per FTE



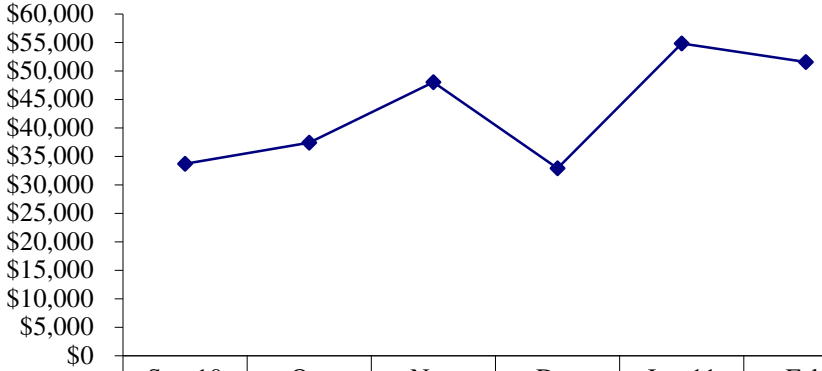
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Monthly Cost Per FTE	$37.19	$31.47	$27.13	$29.72	$33.63	$36.95						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

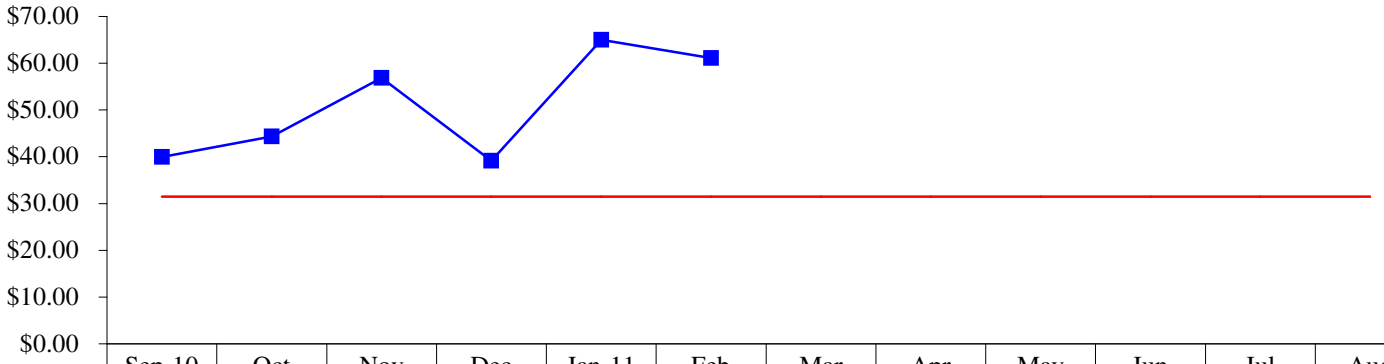
Objective 6B - Workers Compensation
Austin State Hospital

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$33,695	$37,414	$48,009	$32,937	$54,826	$51,577						
FYTD Expend.	$33,695	$71,109	$119,118	$152,055	$206,881	$258,458						

Average Monthly Cost Per FTE



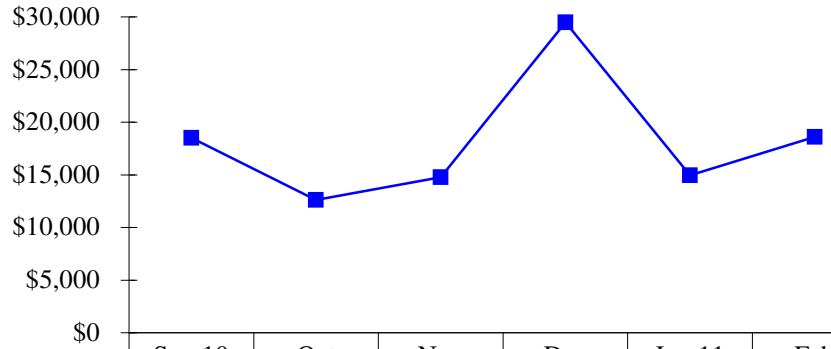
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$39.97	$44.33	$56.88	$39.16	$65.04	$61.11						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

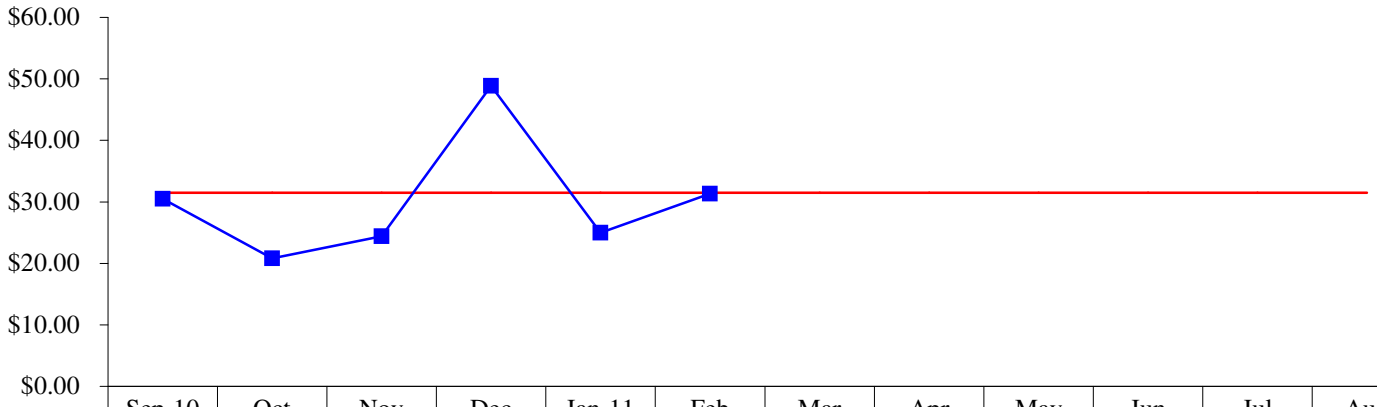
Objective 6B - Workers Compensation
Big Spring State Hospital

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$18,517	$12,603	$14,778	$29,480	$14,947	$18,607						
FYTD Expend.	$18,517	$31,120	$45,898	$75,378	$90,325	$108,932						

Average Monthly Cost Per FTE



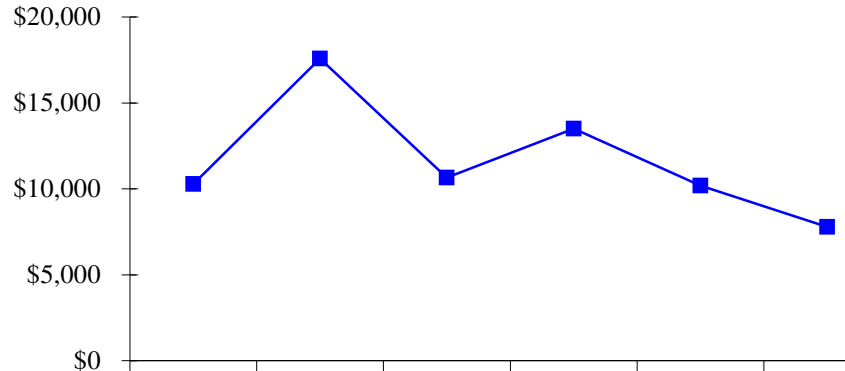
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$30.51	$20.80	$24.43	$48.89	$24.95	$31.33						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

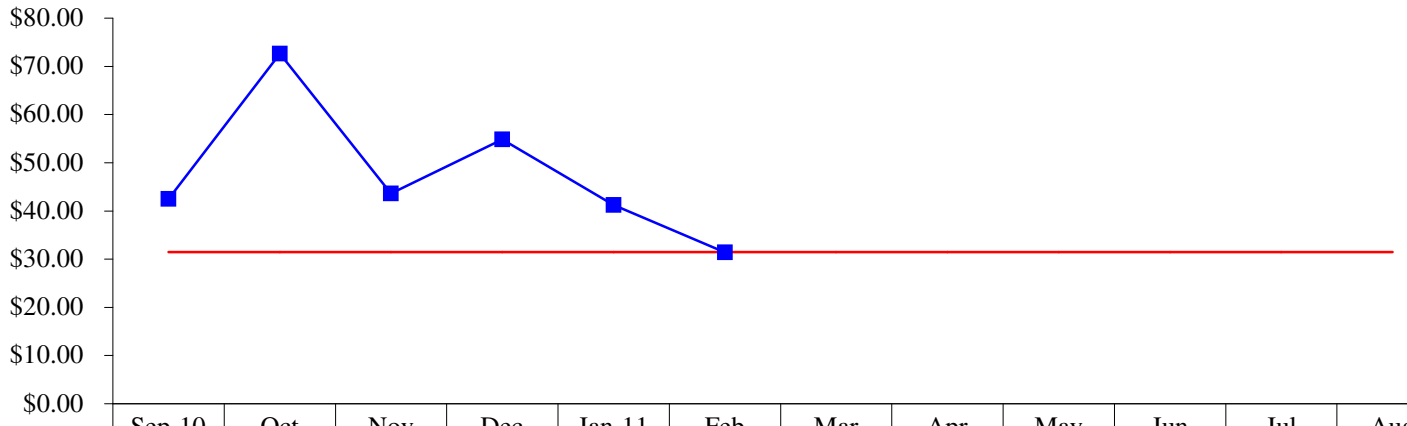
Objective 6B - Workers Compensation
El Paso Psychiatric Center

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$10,286	$17,578	$10,644	$13,495	$10,189	$7,786						
FYTD Expend.	$10,286	$27,863	$38,507	$52,002	$62,192	$69,977						

Average Monthly Cost Per FTE



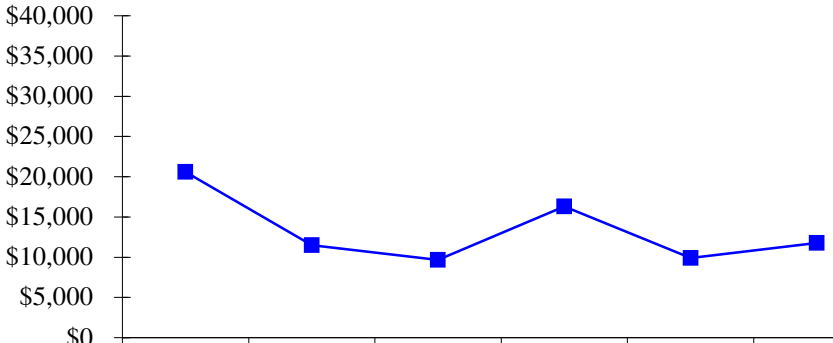
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$42.50	$72.63	$43.62	$54.86	$41.25	$31.39						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

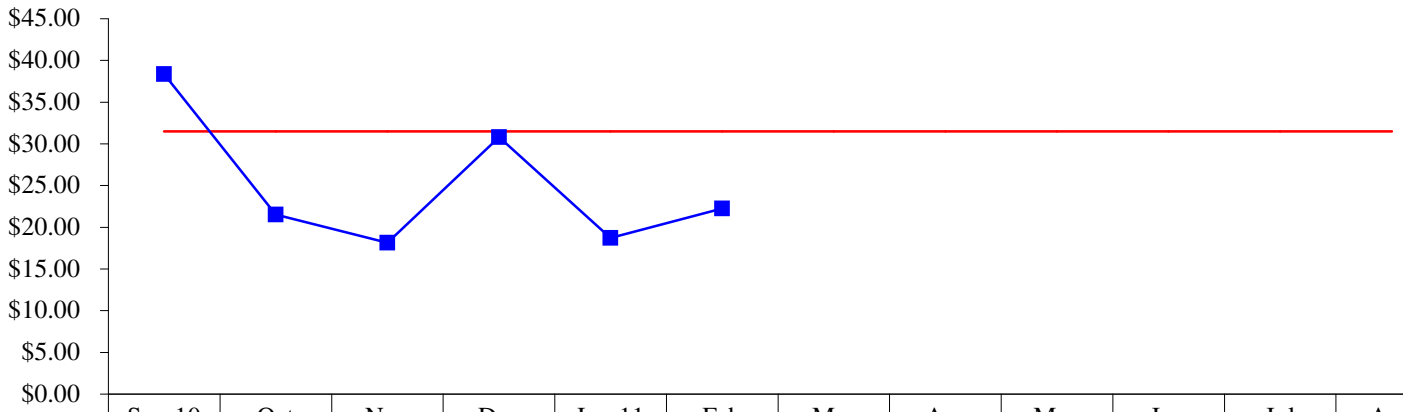
Objective 6B - Workers Compensation
Kerrville State Hospital

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$20,610	$11,477	$9,644	$16,293	$9,896	$11,779						
FYTD Expend.	$20,610	$32,088	$41,731	$58,024	$67,920	$79,700						

Average Monthly Cost Per FTE



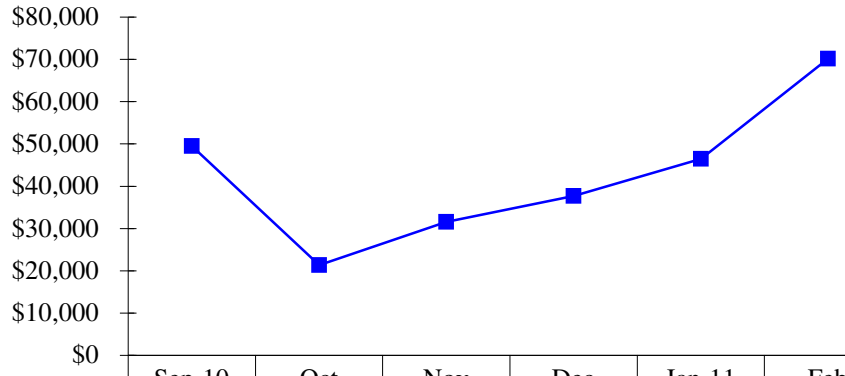
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$38.38	$21.53	$18.16	$30.80	$18.71	$22.27						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

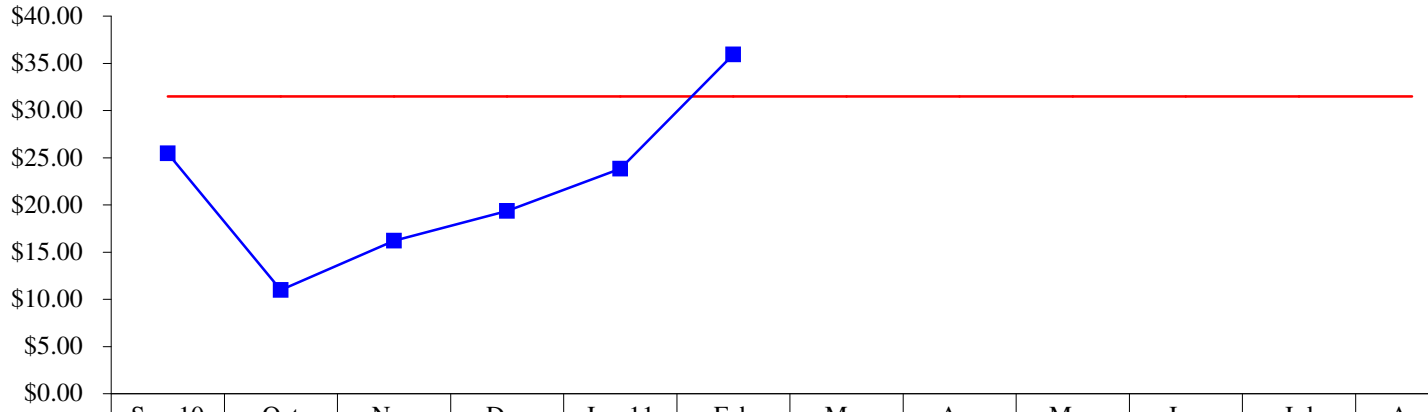
Objective 6B - Workers Compensation
North Texas State Hospital

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$49,462	$21,336	$31,558	$37,686	$46,462	$70,157						
FYTD Expend.	$49,462	$70,798	$102,356	$140,042	$186,505	$256,662						

Average Monthly Cost Per FTE



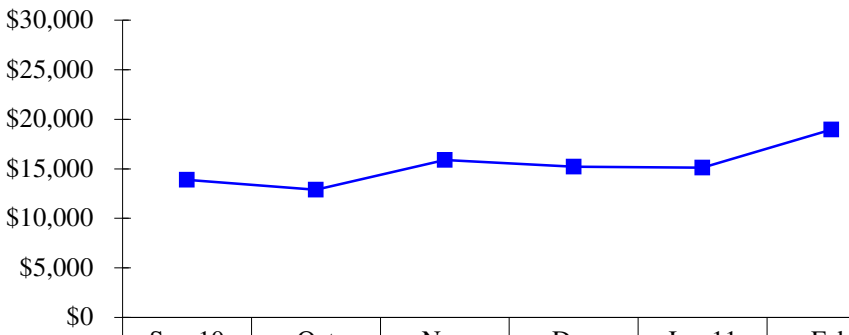
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$25.46	$10.99	$16.22	$19.35	$23.81	$35.92						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

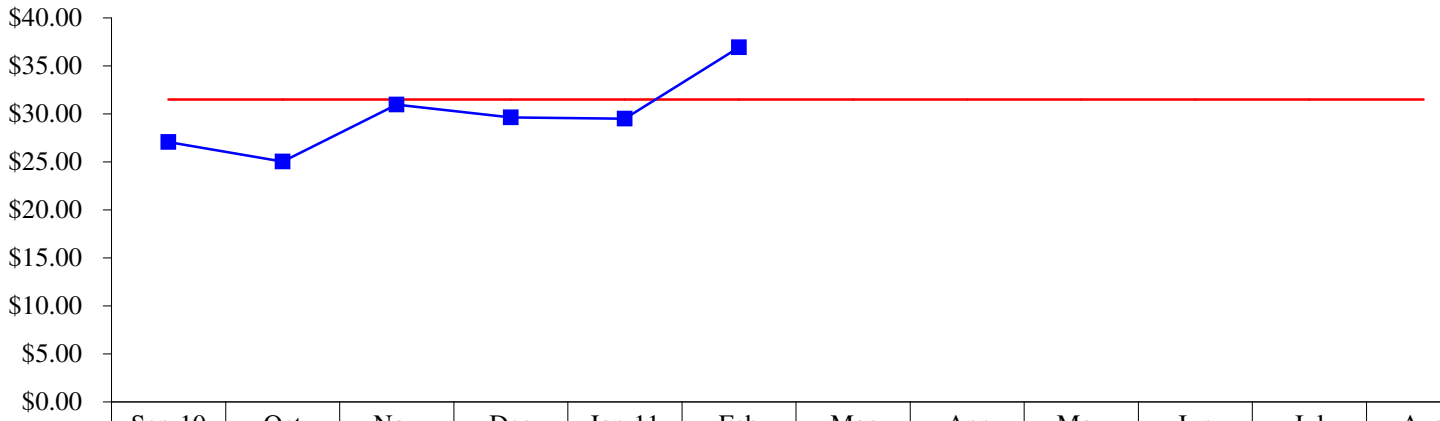
Objective 6B - Workers Compensation
Rio Grande State Center

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$13,888	$12,889	$15,889	$15,201	$15,100	$18,949						
FYTD Expend.	$13,888	$26,777	$42,666	$57,867	$72,967	$91,915						

Average Monthly Cost Per FTE



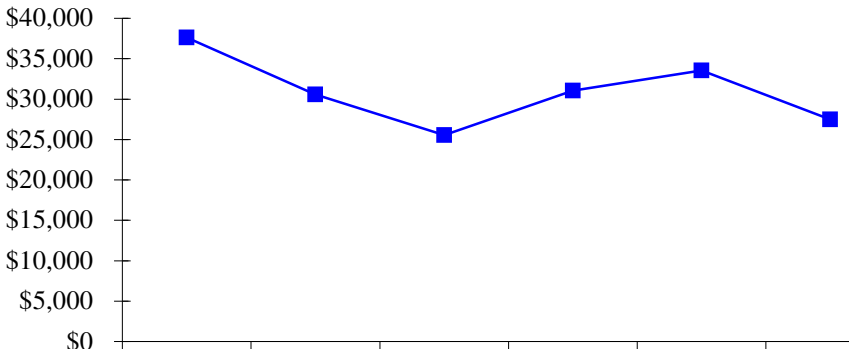
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$27.07	$25.03	$30.97	$29.63	$29.49	$36.94						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

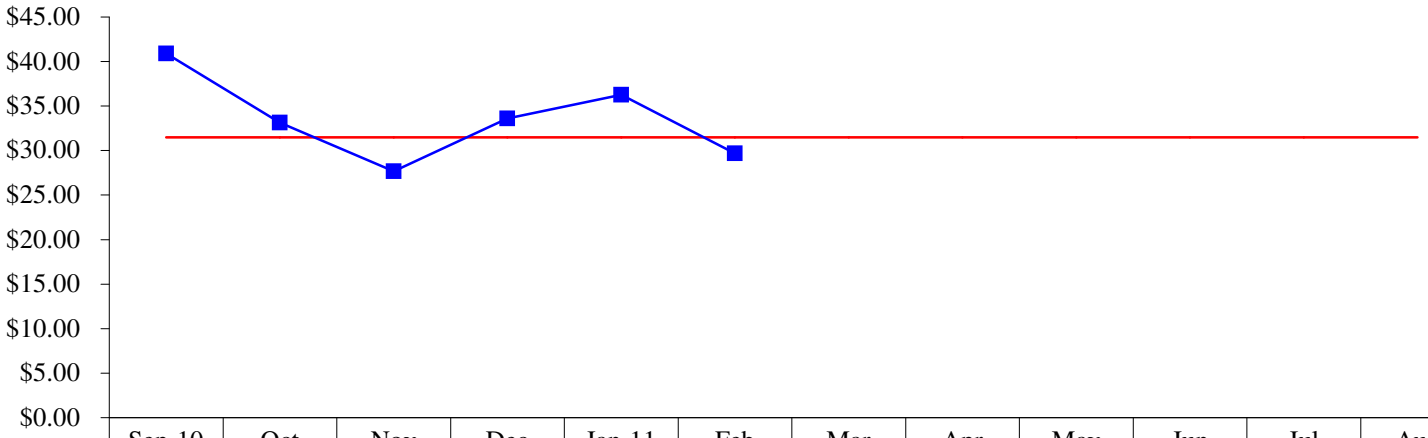
Objective 6B - Workers Compensation
Rusk State Hospital

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$37,629	$30,573	$25,556	$31,044	$33,552	$27,474						
FYTD Expend.	$37,629	$68,202	$93,758	$124,803	$158,354	$185,829						

Average Monthly Cost Per FTE



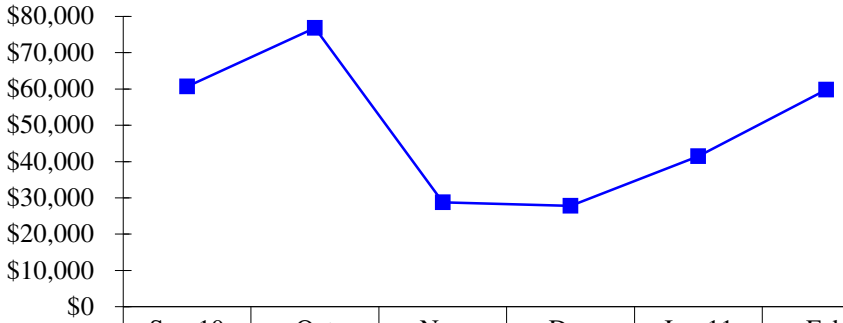
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$40.90	$33.12	$27.66	$33.60	$36.27	$29.70						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

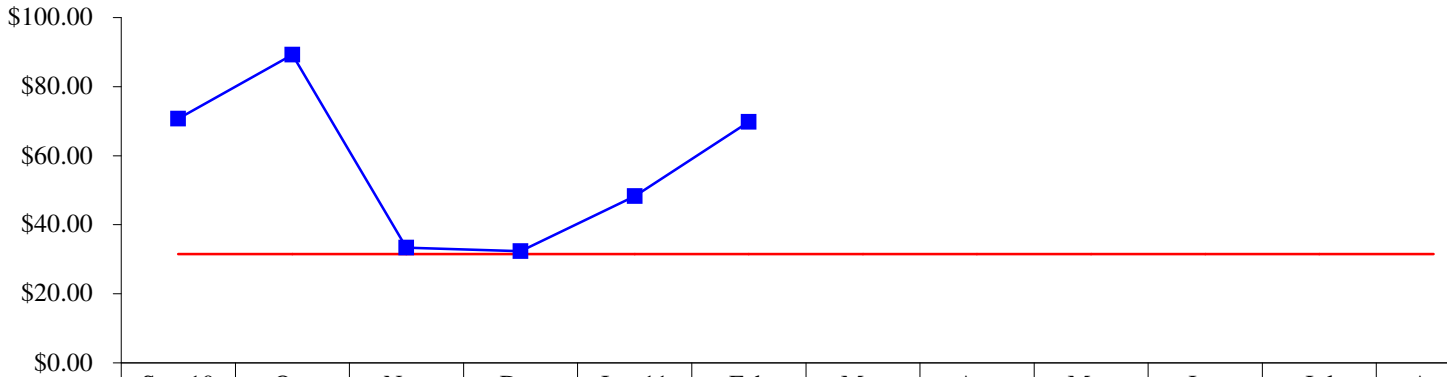
Objective 6B - Workers Compensation
San Antonio State Hospital

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$60,697	$76,786	$28,723	$27,810	$41,449	$59,799						
FYTD Expend.	$60,697	$137,482	$166,206	$194,016	$235,465	$295,264						

Average Monthly Cost Per FTE



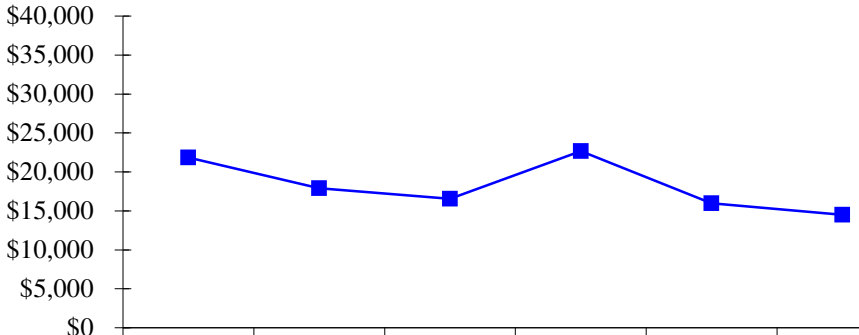
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$70.74	$89.29	$33.40	$32.34	$48.31	$69.78						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

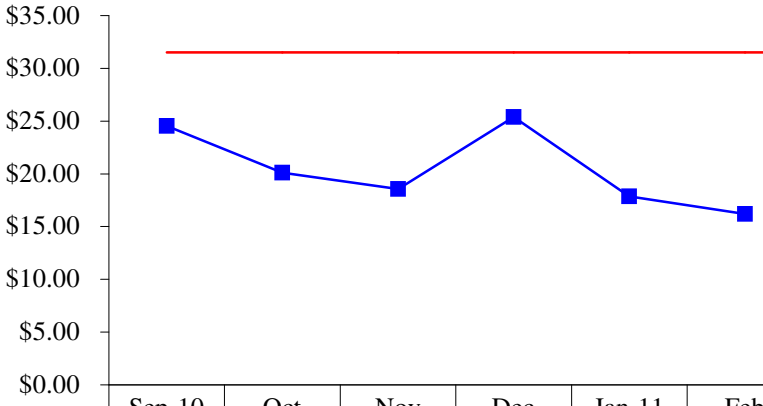
Objective 6B - Workers Compensation
Terrell State Hospital

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$21,856	$17,920	$16,548	$22,661	$15,981	$14,507						
FYTD Expend.	$21,856	$39,776	$56,324	$78,985	$94,965	$109,472						

Average Monthly Cost Per FTE



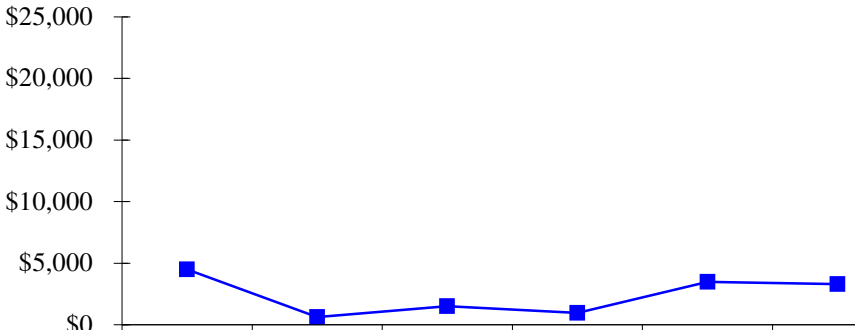
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$24.53	$20.11	$18.57	$25.38	$17.88	$16.21						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

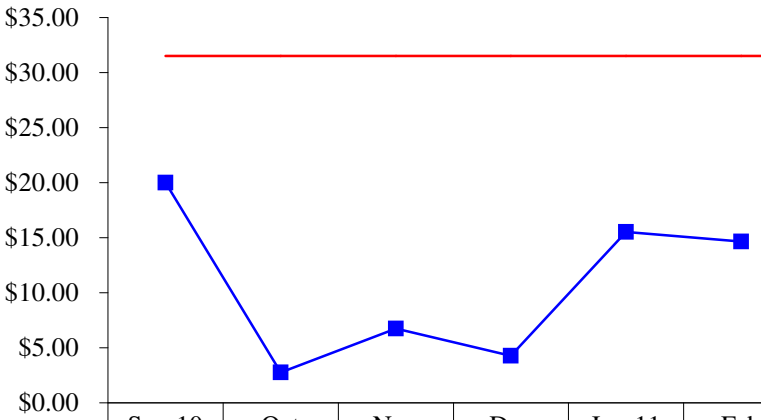
Objective 6B - Workers Compensation
Waco Center for Youth

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$4,497	$618	$1,519	$964	$3,495	$3,296						
FYTD Expend.	$4,497	$5,115	$6,634	$7,598	$11,093	$14,388						

Average Monthly Cost Per FTE



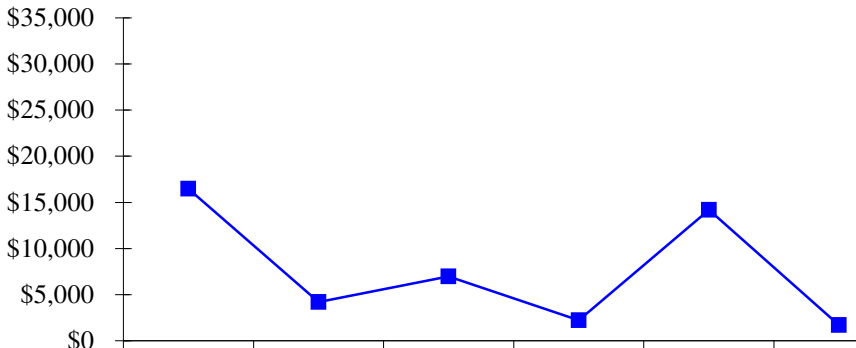
	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$19.99	$2.76	$6.75	$4.28	$15.53	$14.65						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

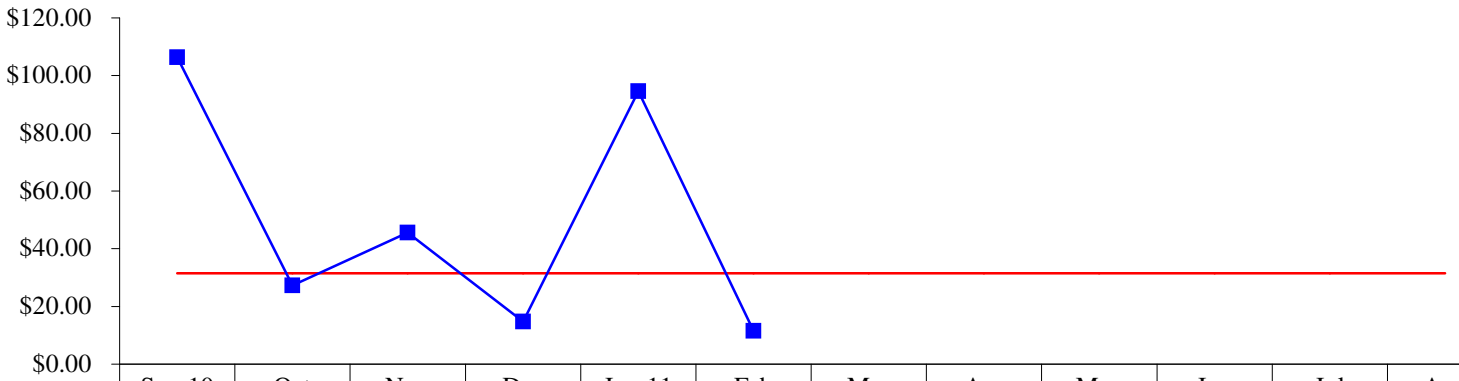
Objective 6B - Workers Compensation
Texas Center for Infectious Disease

Worker's Compensation Monthly Expenditures



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$16,477	$4,208	$6,975	$2,224	$14,198	$1,701						
FYTD Expend.	$16,477	$20,686	$27,661	$29,885	$44,083	$45,783						

Average Monthly Cost Per FTE



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50	$31.50
Avg Month Cost Per FTE	$106.31	$27.33	$45.59	$14.73	$94.65	$11.49						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

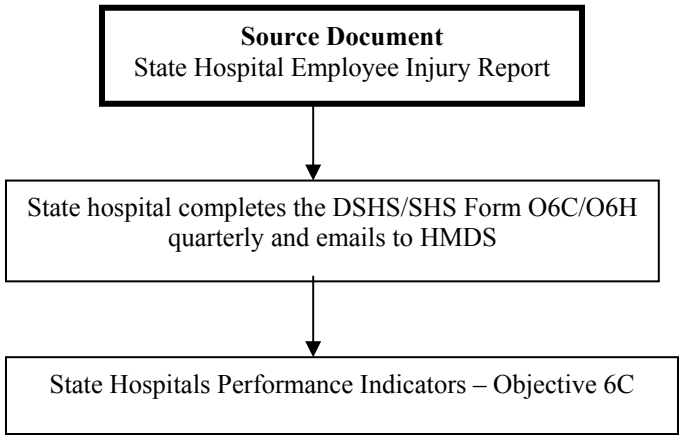
Performance Objective 6C:

Continue to demonstrate efforts to reduce employee injuries resulting in a workers' compensation claim with a goal of zero.

Performance Objective Operational Definition: The state hospital rate of employee injuries resulting in a worker compensation claim filed.

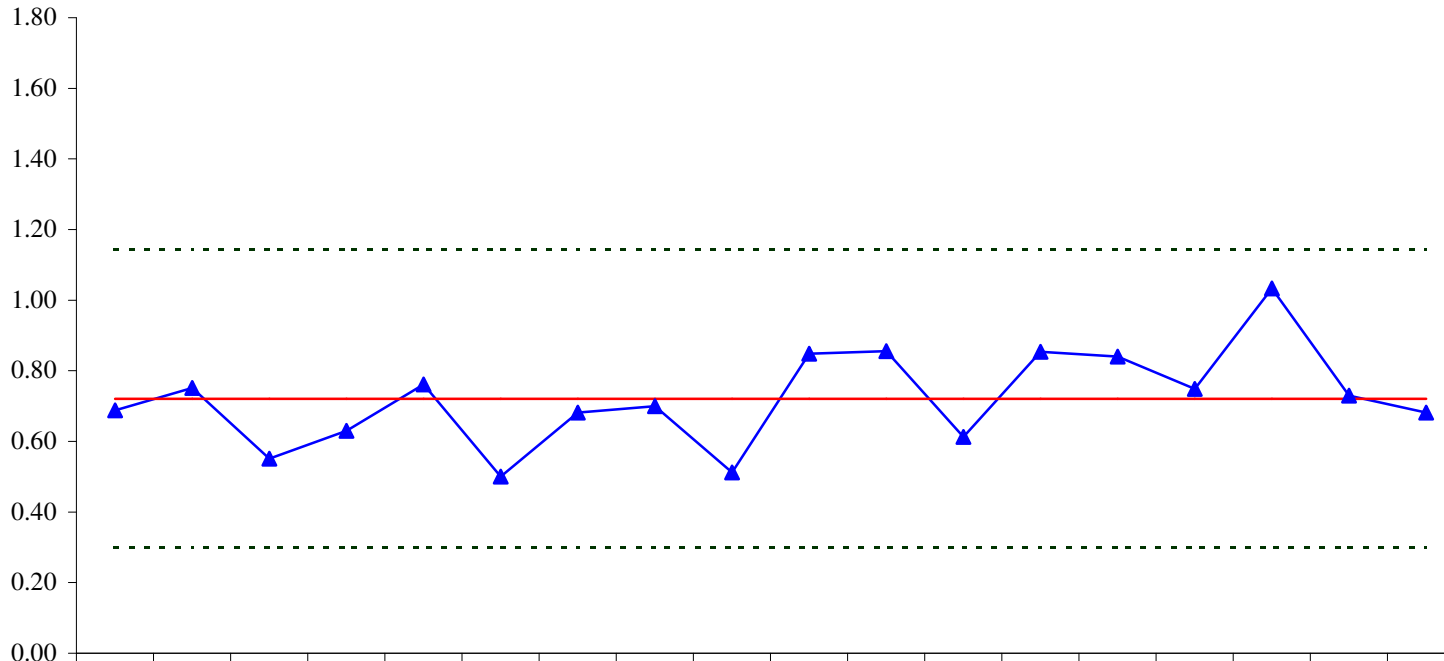
Performance Objective Data Display and Chart Description:
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

Data Flow:



Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
All State Hospitals

Employee Injuries Resulting in a Workers' Compensation Claim



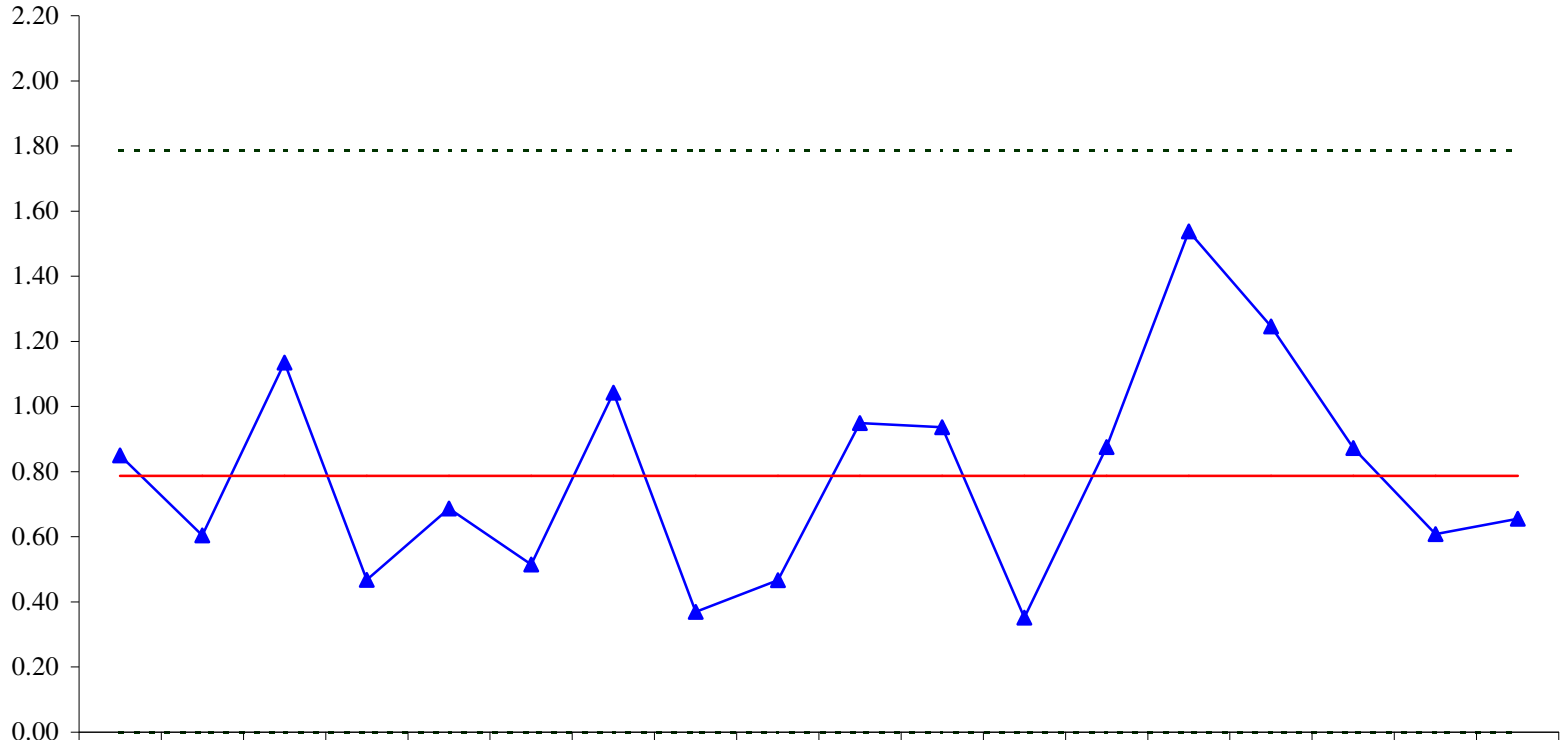
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	184	156	124	160	169	134	162	163	173	190	170	195	205	174	165	219	183	190
Injuries Resulting in a WCC	49	55	39	46	56	33	50	50	38	61	63	45	61	62	53	74	53	45
Emp. Inj.(WCC)/1000 Bed Days	0.69	0.75	0.55	0.63	0.76	0.50	0.68	0.70	0.51	0.85	0.86	0.61	0.85	0.84	0.75	1.03	0.73	0.68
UCL	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14
Avg	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72
LCL	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Austin State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim

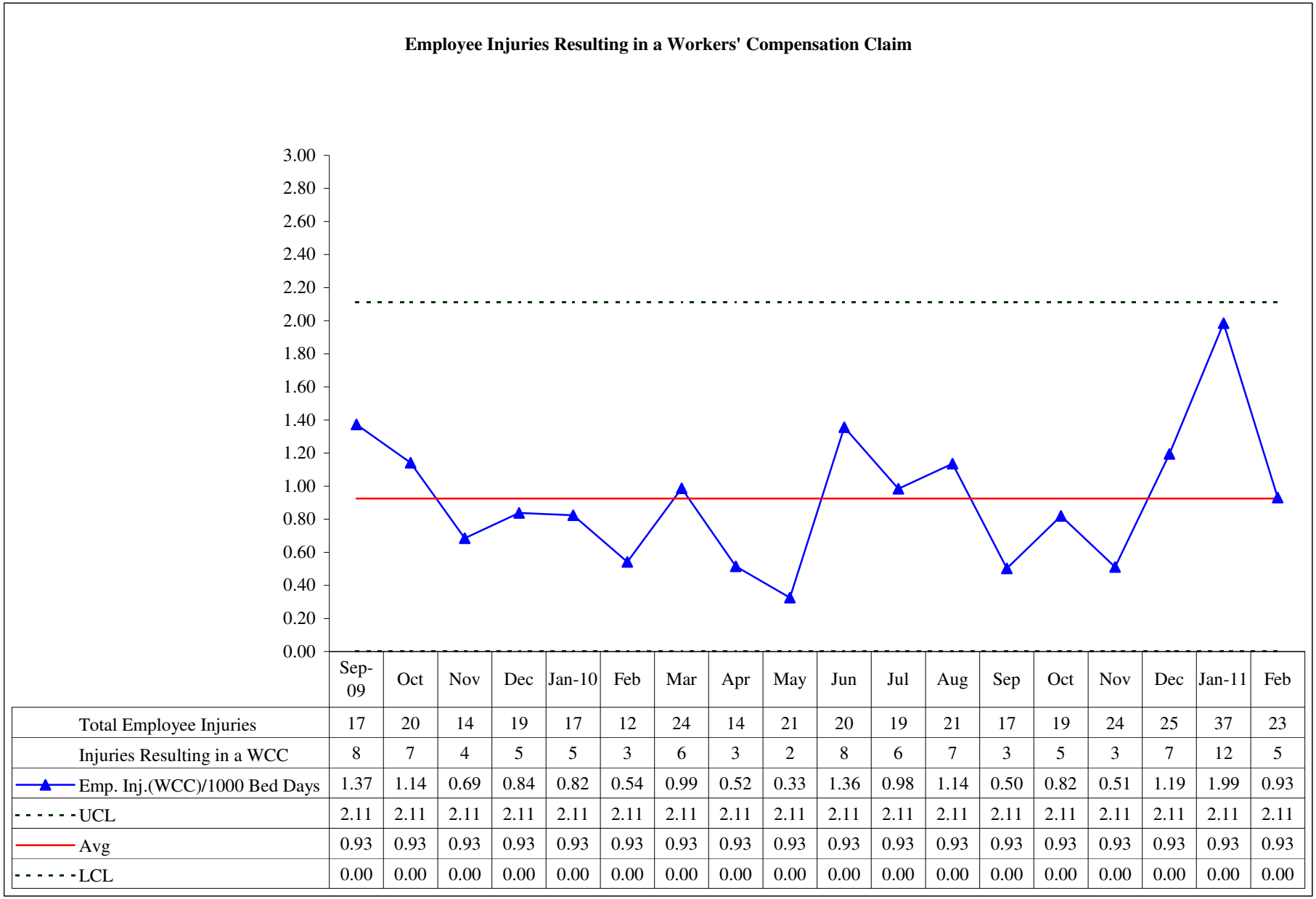


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	15	6	12	7	12	8	14	6	4	8	8	3	7	13	10	8	5	5
Injuries Resulting in a WCC	7	5	9	4	6	4	9	3	4	8	8	3	7	13	10	7	5	5
Emp. Inj.(WCC)/1000 Bed Days	0.85	0.60	1.14	0.47	0.69	0.51	1.04	0.37	0.47	0.95	0.94	0.35	0.88	1.54	1.25	0.87	0.61	0.66
UCL	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78
Avg	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Big Spring State Hospital



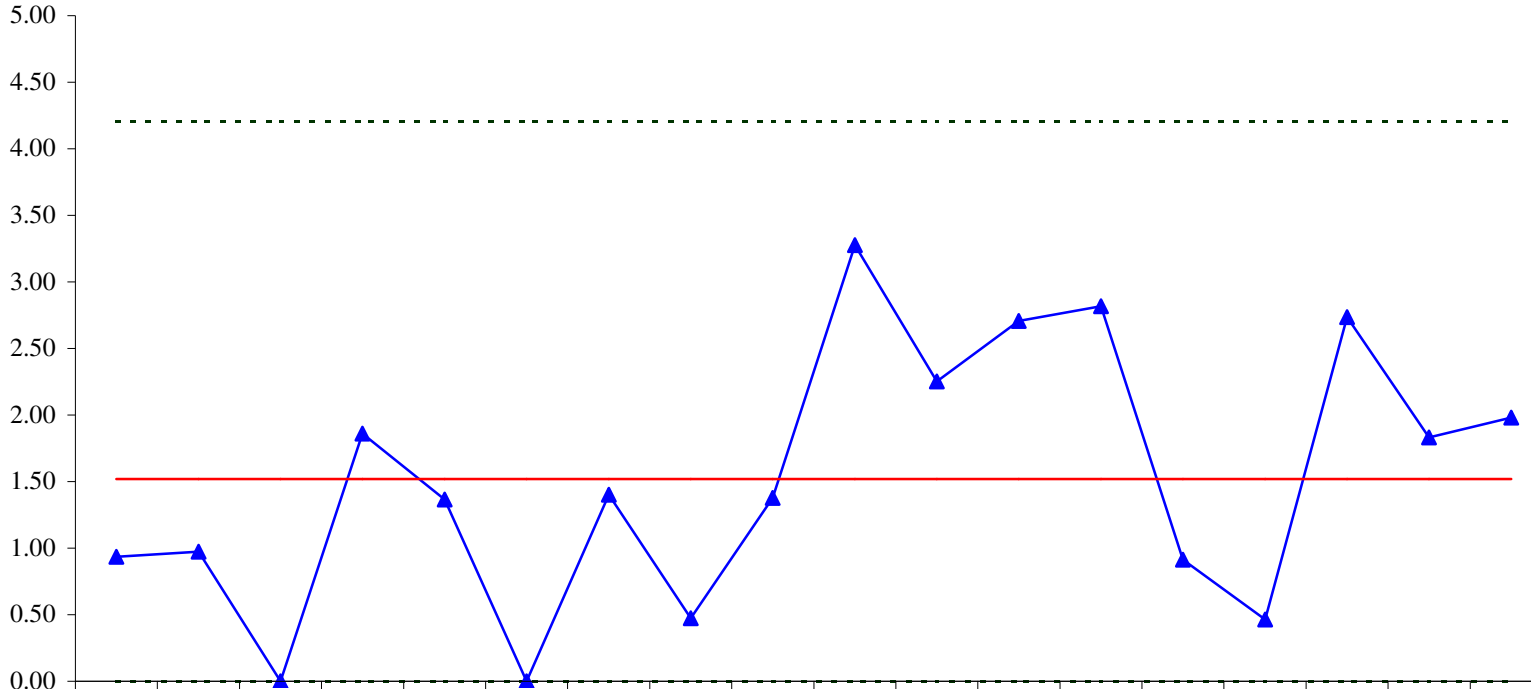
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	17	20	14	19	17	12	24	14	21	20	19	21	17	19	24	25	37	23
Injuries Resulting in a WCC	8	7	4	5	5	3	6	3	2	8	6	7	3	5	3	7	12	5
Emp. Inj.(WCC)/1000 Bed Days	1.37	1.14	0.69	0.84	0.82	0.54	0.99	0.52	0.33	1.36	0.98	1.14	0.50	0.82	0.51	1.19	1.99	0.93
UCL	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11	2.11
Avg	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
El Paso Psychiatric Center

Employee Injuries Resulting in a Workers' Compensation Claim

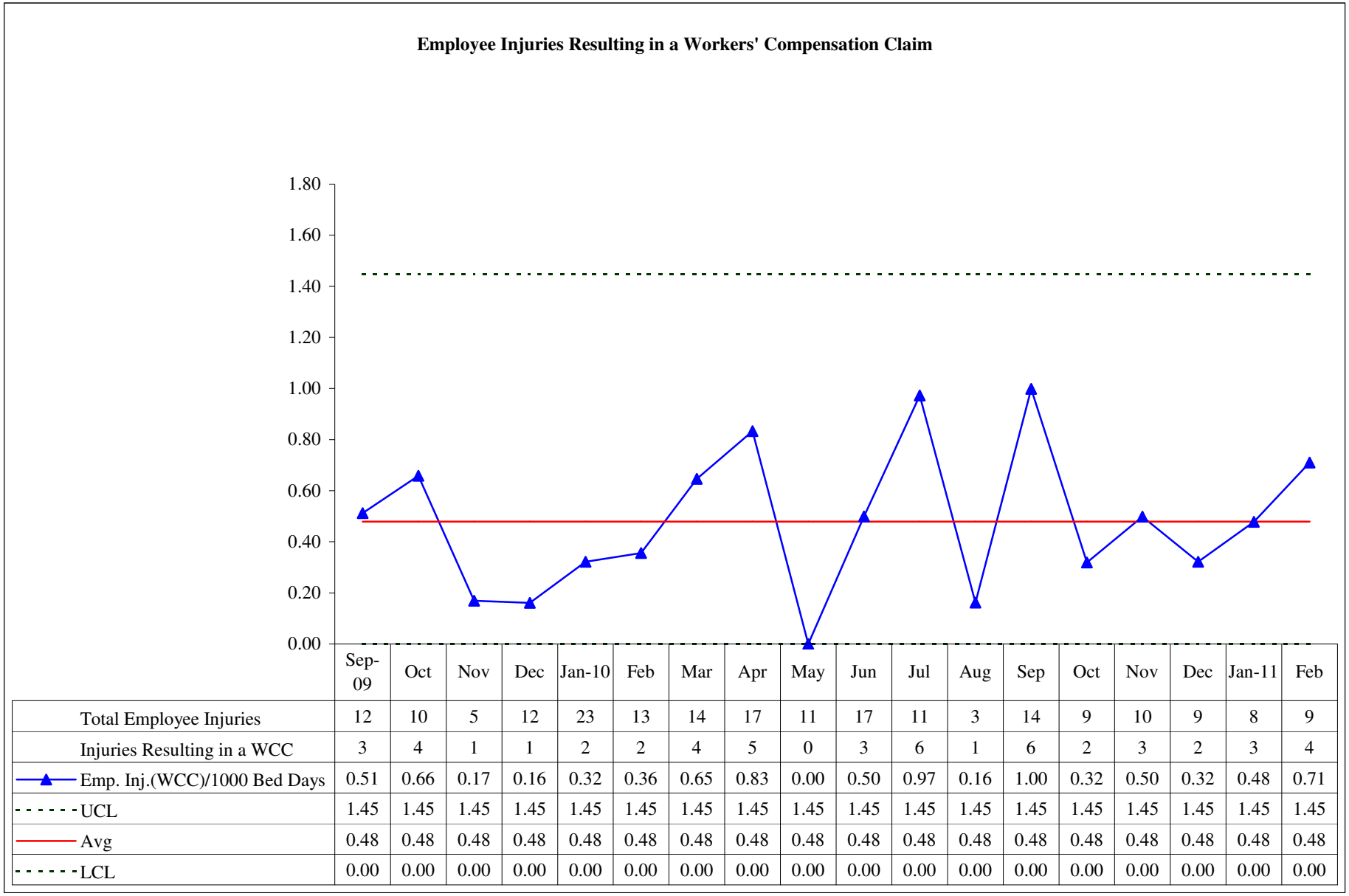


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	16	7	7	7	4	2	8	12	8	14	7	12	10	4	3	18	11	11
Injuries Resulting in a WCC	2	2	0	4	3	0	3	1	3	7	5	6	6	2	1	6	4	4
Emp. Inj.(WCC)/1000 Bed Days	0.93	0.97	0.00	1.86	1.37	0.00	1.40	0.47	1.38	3.28	2.25	2.71	2.82	0.91	0.46	2.73	1.83	1.98
UCL	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
Avg	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Kerrville State Hospital



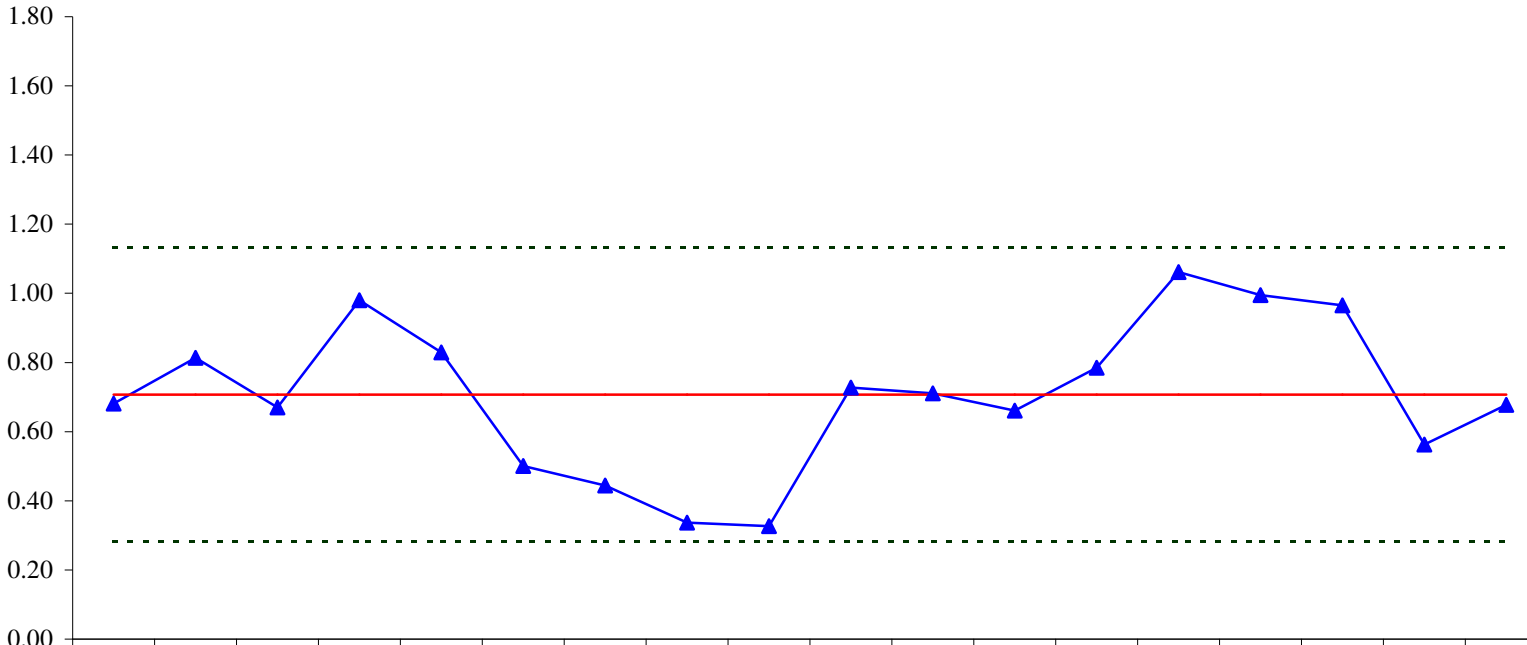
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	12	10	5	12	23	13	14	17	11	17	11	3	14	9	10	9	8	9
Injuries Resulting in a WCC	3	4	1	1	2	2	4	5	0	3	6	1	6	2	3	2	3	4
Emp. Inj.(WCC)/1000 Bed Days	0.51	0.66	0.17	0.16	0.32	0.36	0.65	0.83	0.00	0.50	0.97	0.16	1.00	0.32	0.50	0.32	0.48	0.71
UCL	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45
Avg	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48	0.48
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
North Texas State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim

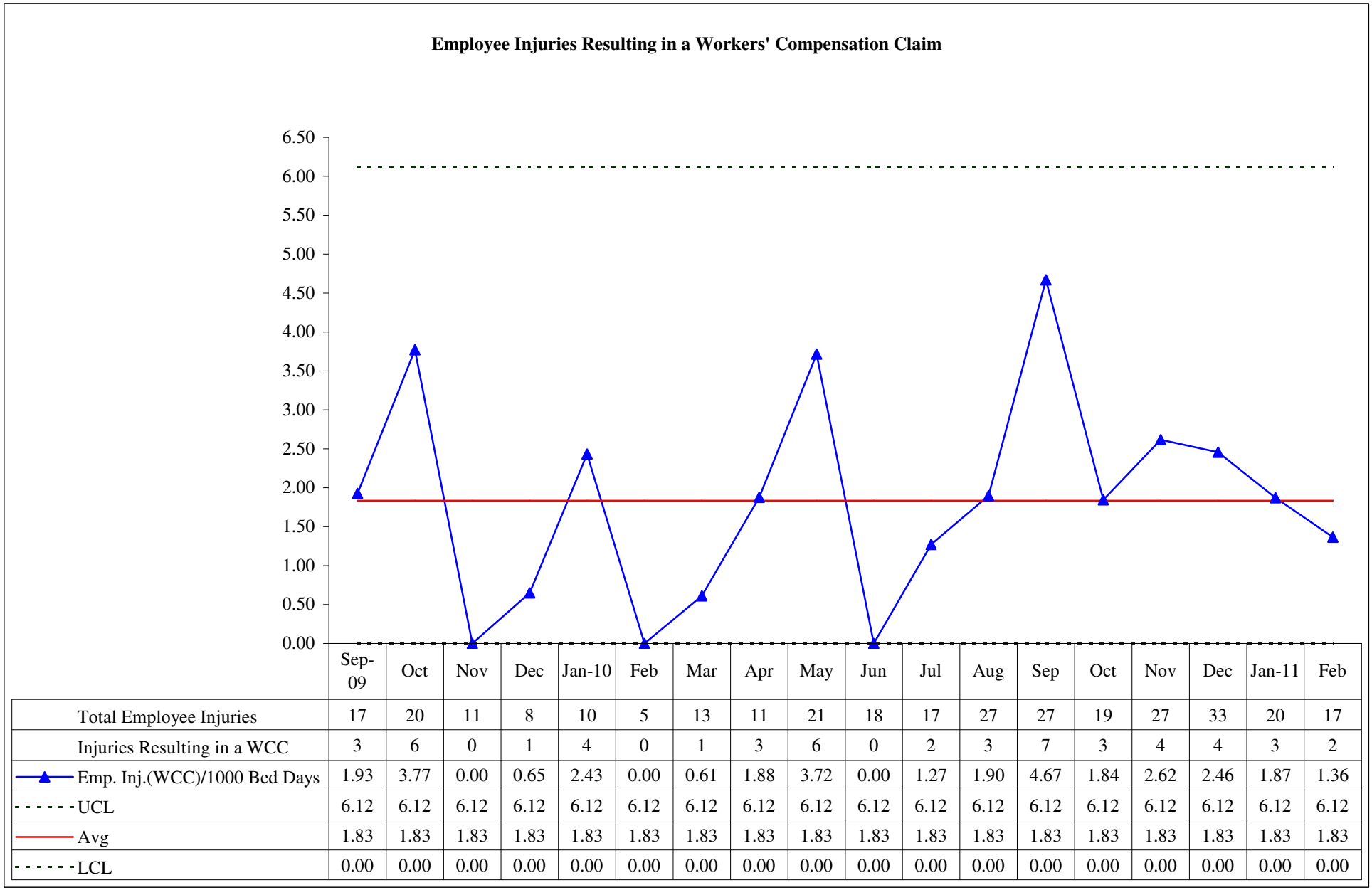


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	35	35	18	37	34	21	27	24	18	41	35	29	49	36	35	38	35	36
Injuries Resulting in a WCC	12	15	12	18	15	8	8	6	6	13	13	12	14	19	17	17	10	11
Emp. Inj.(WCC)/1000 Bed Days	0.68	0.81	0.67	0.98	0.83	0.50	0.44	0.34	0.33	0.73	0.71	0.66	0.78	1.06	1.00	0.97	0.56	0.68
UCL	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13
Avg	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71	0.71
LCL	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28	0.28

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Rio Grande State Center



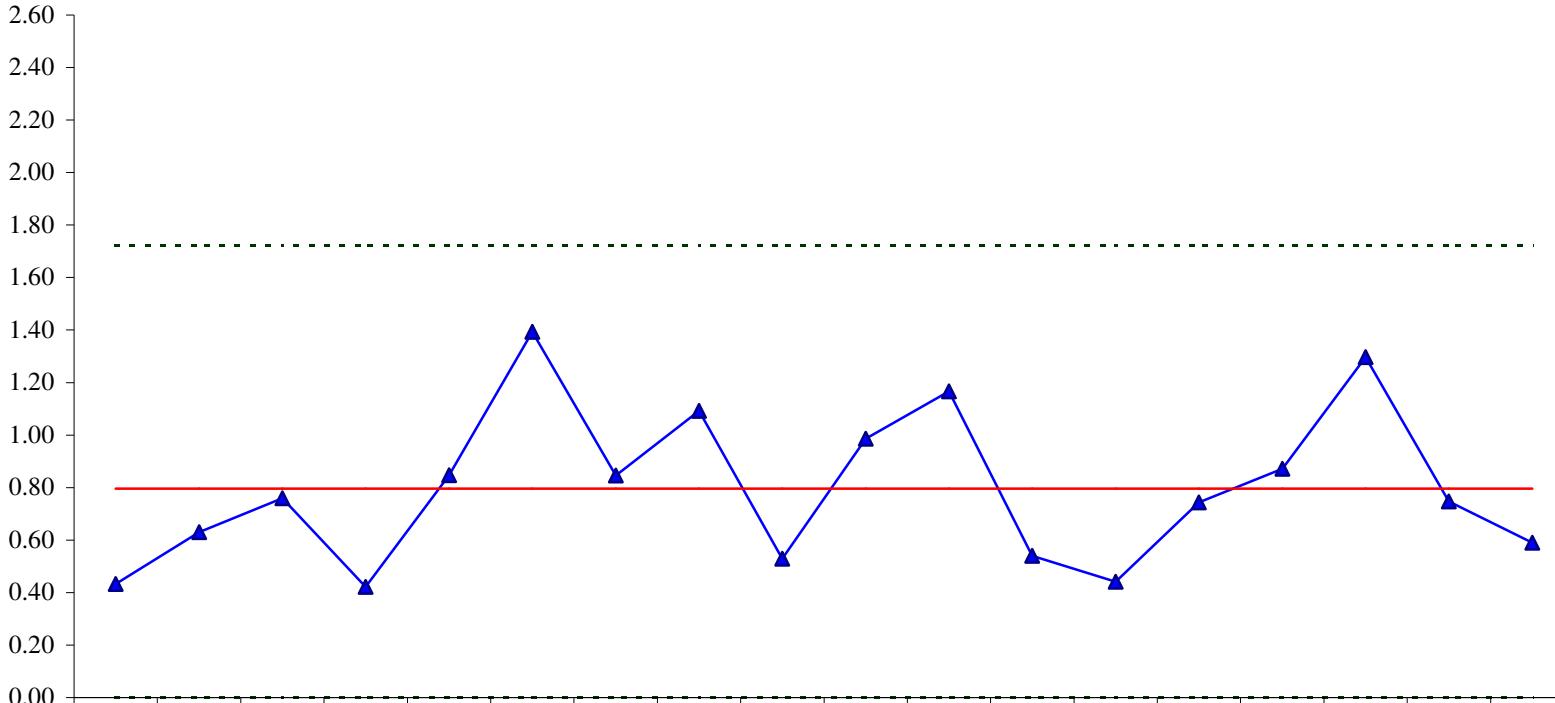
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	17	20	11	8	10	5	13	11	21	18	17	27	27	19	27	33	20	17
Injuries Resulting in a WCC	3	6	0	1	4	0	1	3	6	0	2	3	7	3	4	4	3	2
Emp. Inj.(WCC)/1000 Bed Days	1.93	3.77	0.00	0.65	2.43	0.00	0.61	1.88	3.72	0.00	1.27	1.90	4.67	1.84	2.62	2.46	1.87	1.36
UCL	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12	6.12
Avg	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Rusk State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim



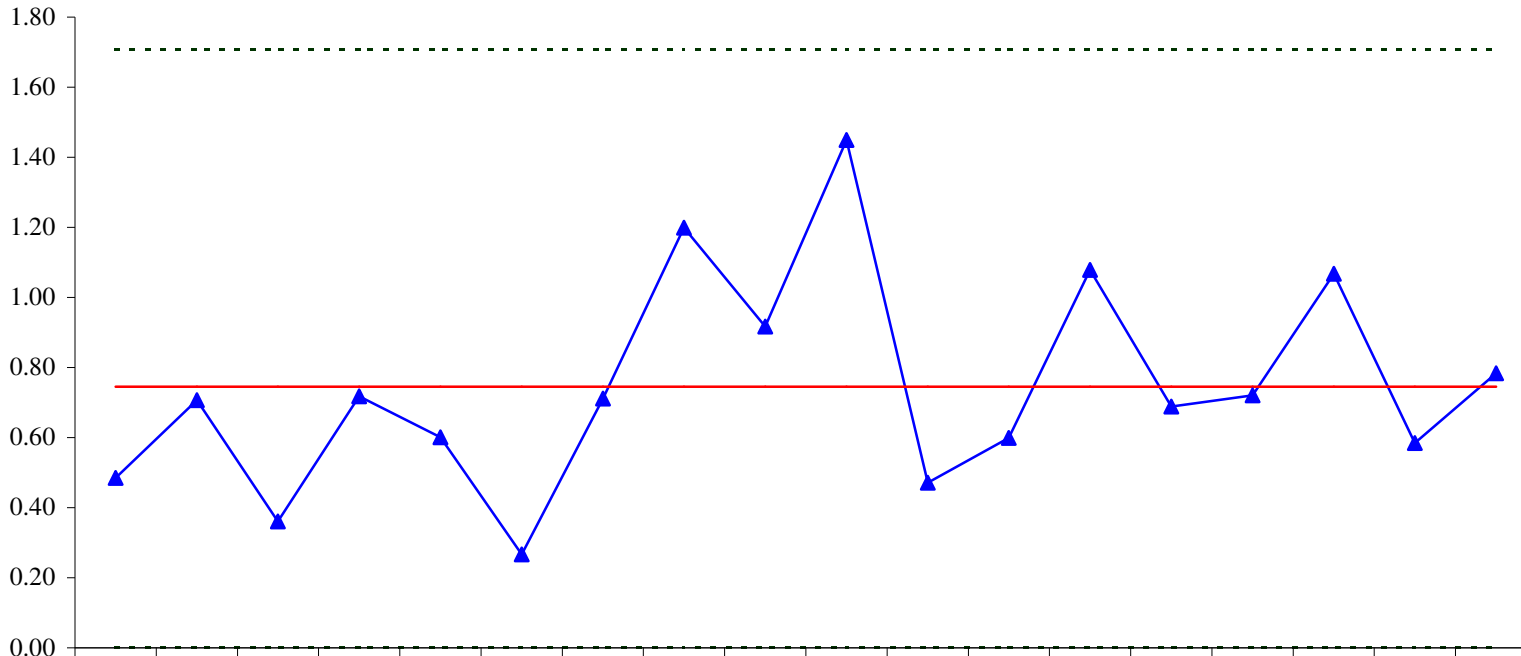
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	26	18	17	26	28	25	21	22	36	22	29	43	22	23	23	33	17	25
Injuries Resulting in a WCC	4	6	7	4	8	12	8	10	5	9	11	5	4	7	8	12	7	5
Emp. Inj.(WCC)/1000 Bed Days	0.43	0.63	0.76	0.42	0.85	1.39	0.85	1.09	0.53	0.99	1.17	0.54	0.44	0.74	0.87	1.30	0.75	0.59
UCL	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72	1.72
Avg	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
San Antonio State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim

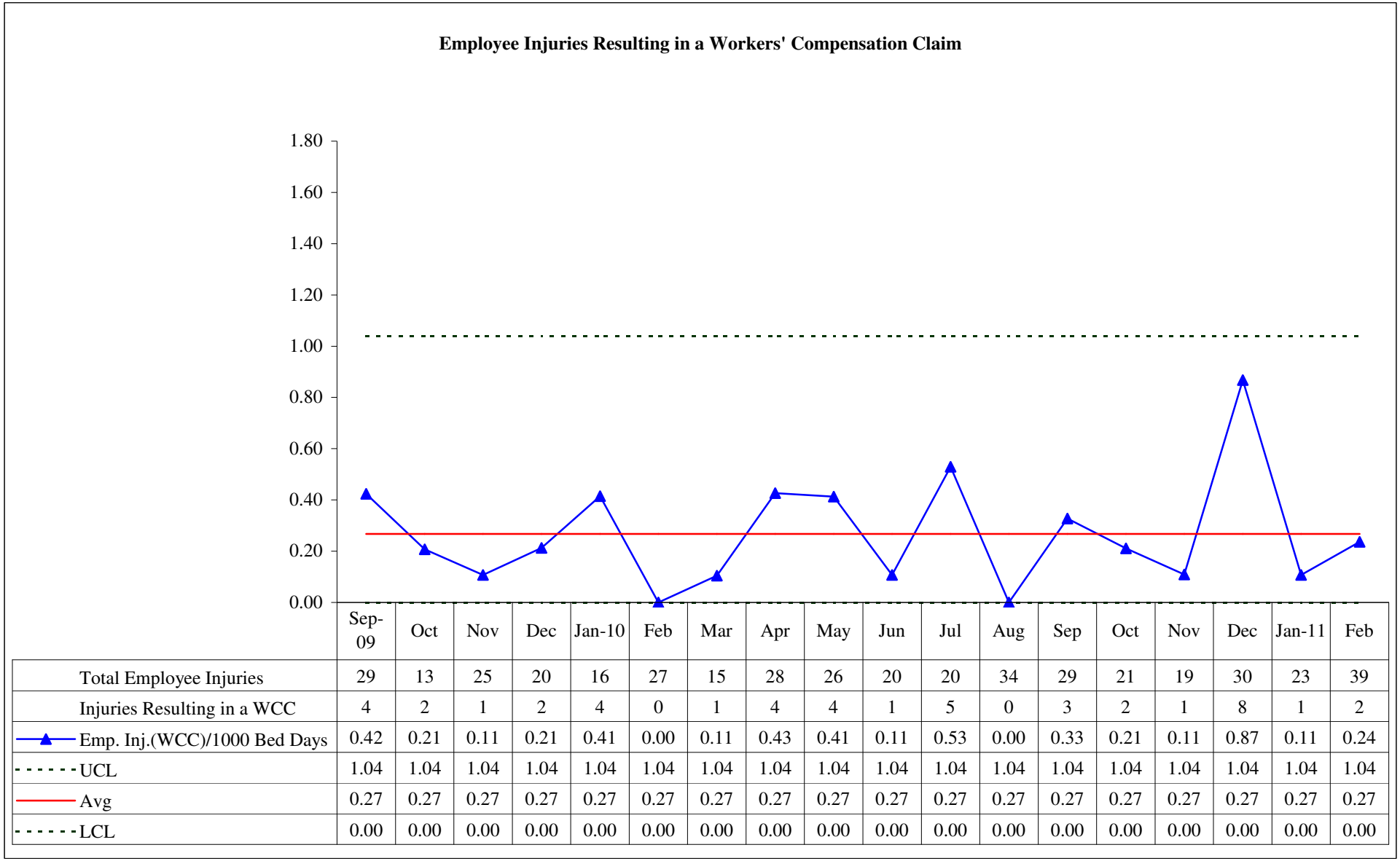


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	13	23	13	21	18	16	22	23	26	28	20	18	27	25	10	20	22	21
Injuries Resulting in a WCC	4	6	3	6	5	2	6	10	8	12	4	5	9	6	6	9	5	6
Emp. Inj.(WCC)/1000 Bed Days	0.48	0.71	0.36	0.72	0.60	0.27	0.71	1.20	0.92	1.45	0.47	0.60	1.08	0.69	0.72	1.07	0.58	0.78
UCL	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71
Avg	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Terrell State Hospital

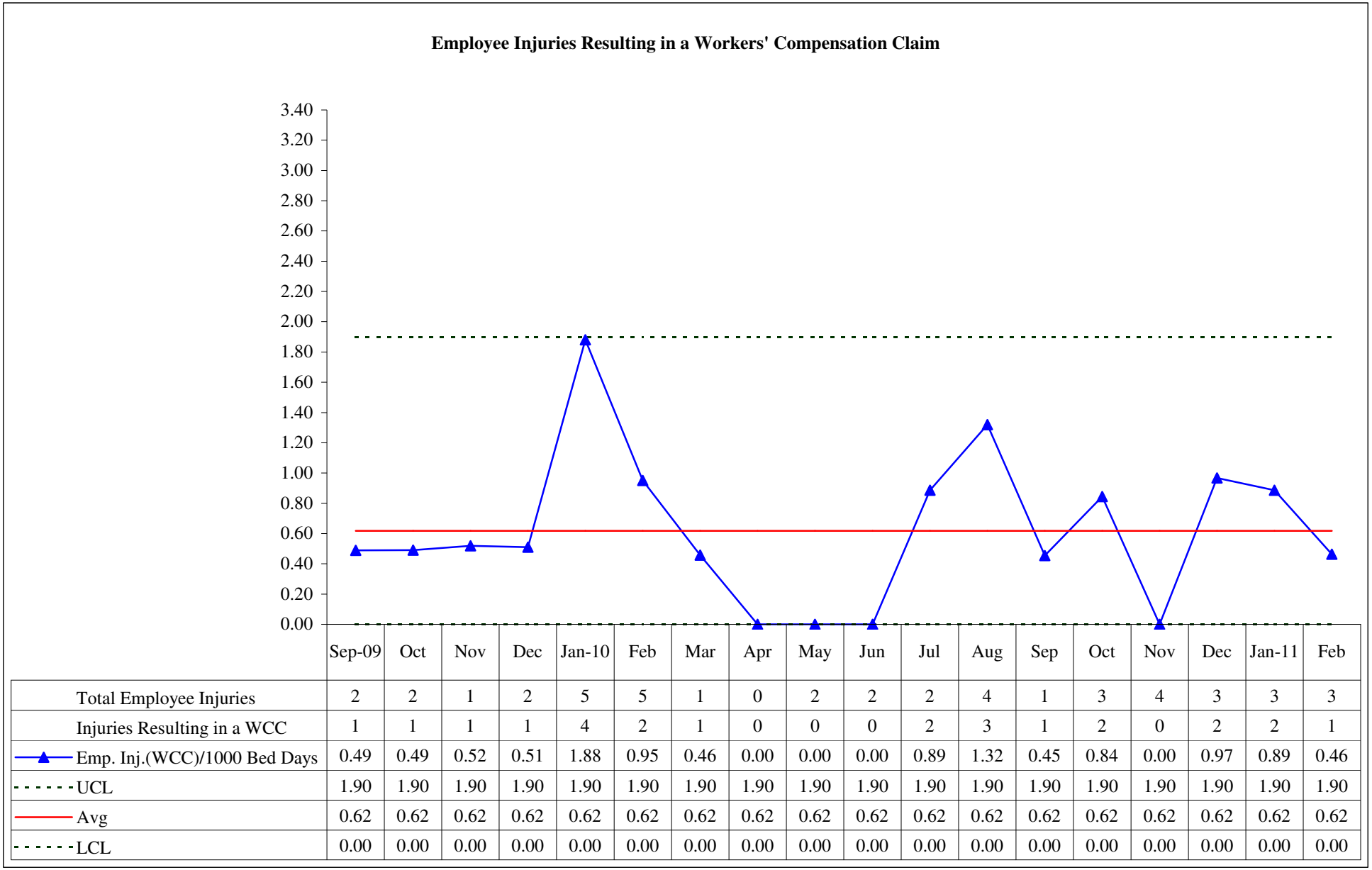


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	29	13	25	20	16	27	15	28	26	20	20	34	29	21	19	30	23	39
Injuries Resulting in a WCC	4	2	1	2	4	0	1	4	4	1	5	0	3	2	1	8	1	2
Emp. Inj.(WCC)/1000 Bed Days	0.42	0.21	0.11	0.21	0.41	0.00	0.11	0.43	0.41	0.11	0.53	0.00	0.33	0.21	0.11	0.87	0.11	0.24
UCL	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04	1.04
Avg	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Waco Center for Youth

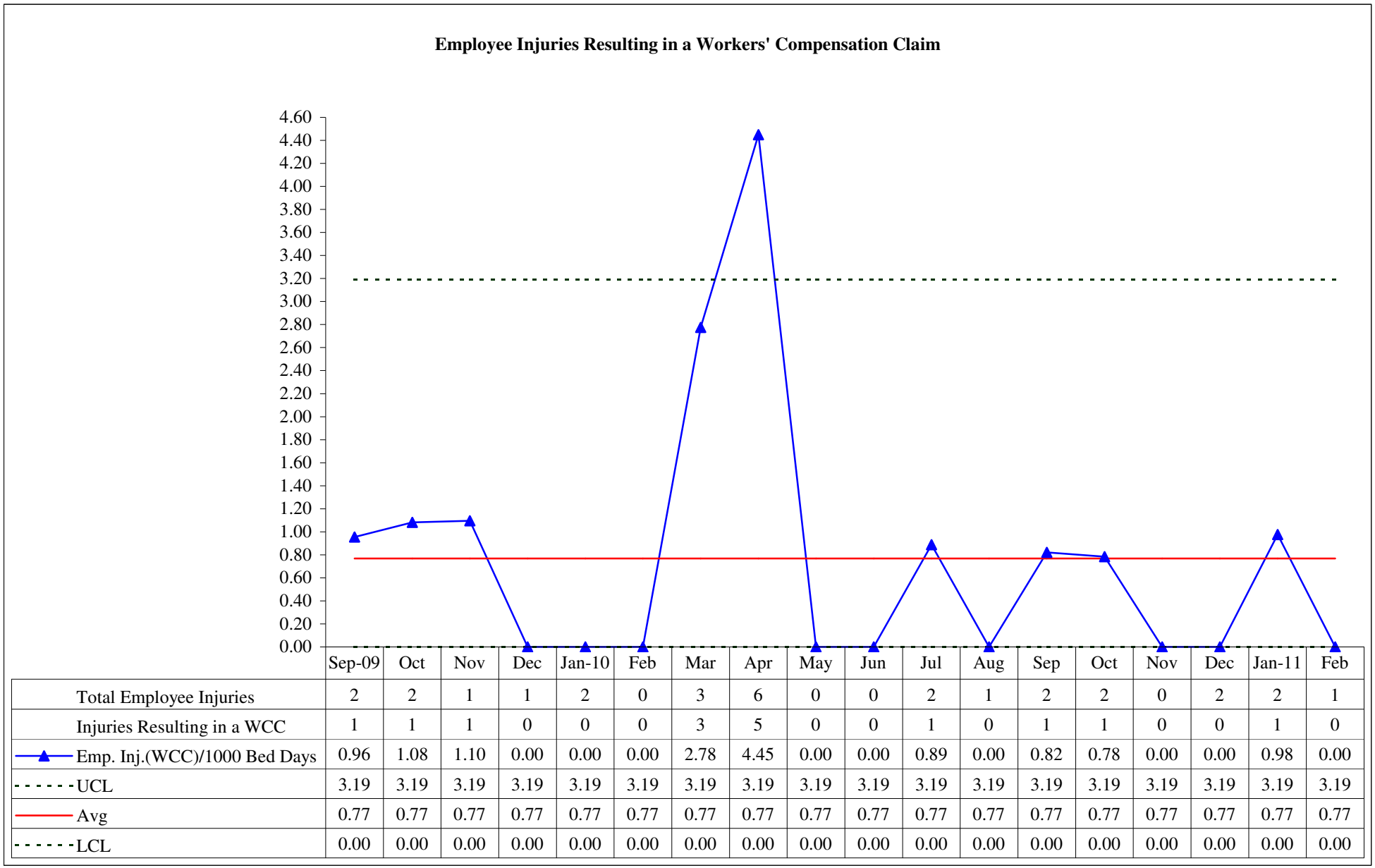


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	2	2	1	2	5	5	1	0	2	2	2	4	1	3	4	3	3	3
Injuries Resulting in a WCC	1	1	1	1	4	2	1	0	0	0	2	3	1	2	0	2	2	1
Emp. Inj.(WCC)/1000 Bed Days	0.49	0.49	0.52	0.51	1.88	0.95	0.46	0.00	0.00	0.00	0.89	1.32	0.45	0.84	0.00	0.97	0.89	0.46
UCL	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90
Avg	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Texas Center for Infectious Disease



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	2	2	1	1	2	0	3	6	0	0	2	1	2	2	0	2	2	1
Injuries Resulting in a WCC	1	1	1	0	0	0	3	5	0	0	1	0	1	1	0	0	1	0
Emp. Inj.(WCC)/1000 Bed Days	0.96	1.08	1.10	0.00	0.00	0.00	2.78	4.45	0.00	0.00	0.89	0.00	0.82	0.78	0.00	0.00	0.98	0.00
UCL	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19	3.19
Avg	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77	0.77
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Performance Objective 6D:

Continue to demonstrate efforts to reduce the rate of patient injuries related to behavioral seclusion and restraint with a goal of zero.

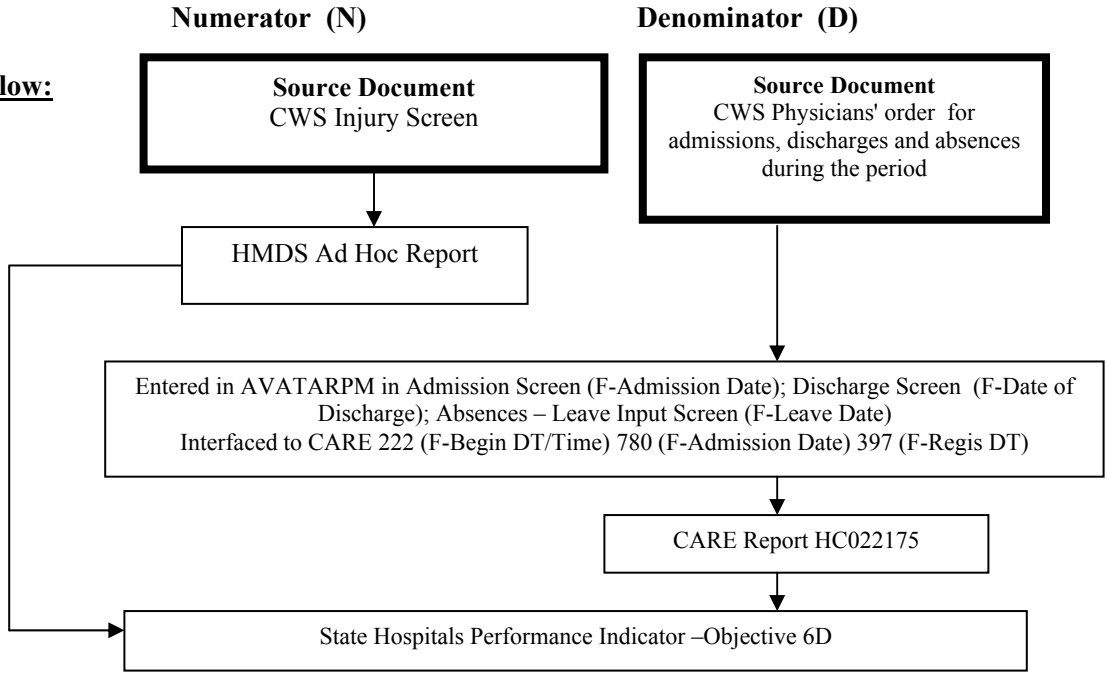
Performance Objective Operational Definition: Patient injuries documented on the Client Injury Assessment per FY quarter resulted from restraint or seclusion (per 1,000 bed days).

Performance Objective Formula: R=(N/D) x 1000
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter
N = number of patients injured during restraint or seclusion per quarter
D = number of bed days per quarter 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

- Table shows quarterly number of injuries by restraint or seclusion by treatment for individual state hospitals and system-wide.
- Bar chart with total FYTD client injuries resulted from restraint and seclusion per 1,000 bed days.

Data Flow:



Objective 6D - Client Injuries Resulted From Restraint and Seclusion

All State MH Hospitals - FY2011

	Q1							Q2							Q3							Q4						
Hospital	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**
All State MH Hospitals																												
Restraint	1	32	49	6	0	0	**88**	0	30	48	4	0	0	**82**														
Seclusion	0	2	1	0	0	0	**3**	0	1	0	0	0	0	**1**														
Total	1	34	50	6	0	0	**91**	0	31	48	4	0	0	**83**														
Per 1000 Beddays							**0.4**							**0.4**														

Chart: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and CWS

Performance Objective 6E:

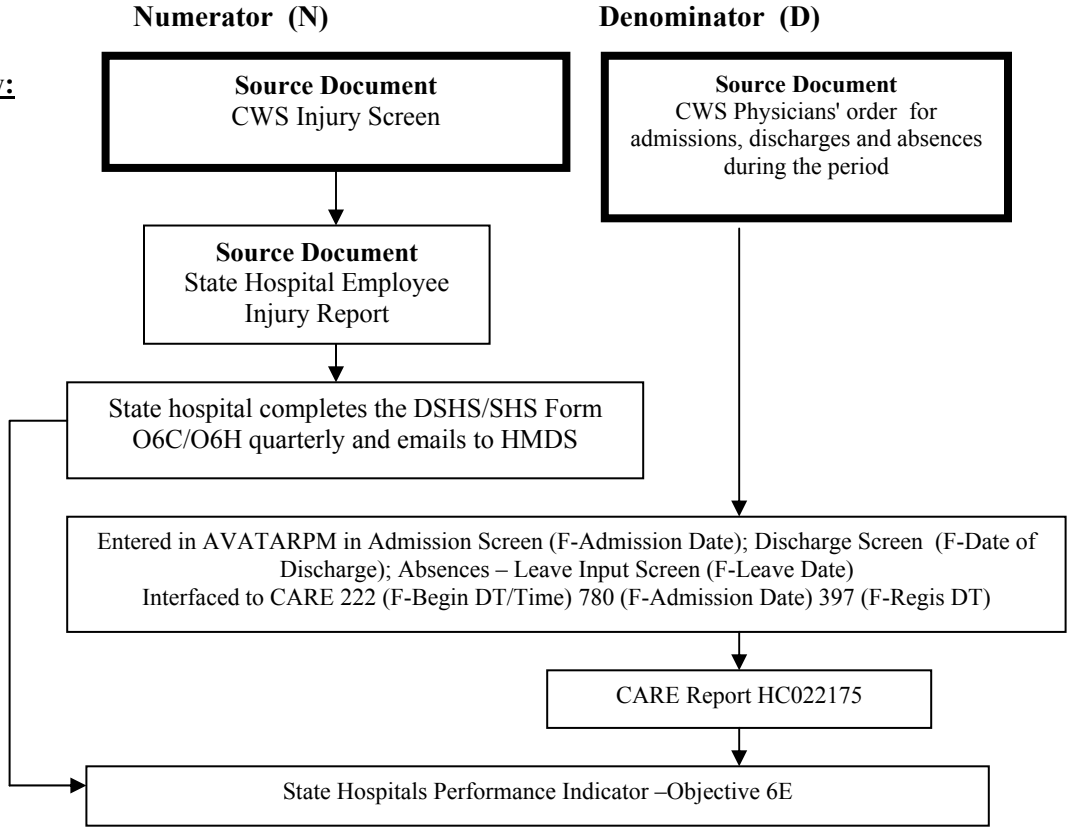
Continue to demonstrate efforts to reduce employees injured during restraint or seclusion with a goal of zero.

Performance Objective Operational Definition:. The mental health hospital rate of employees injured during restraint or seclusion per 1,000 bed days.

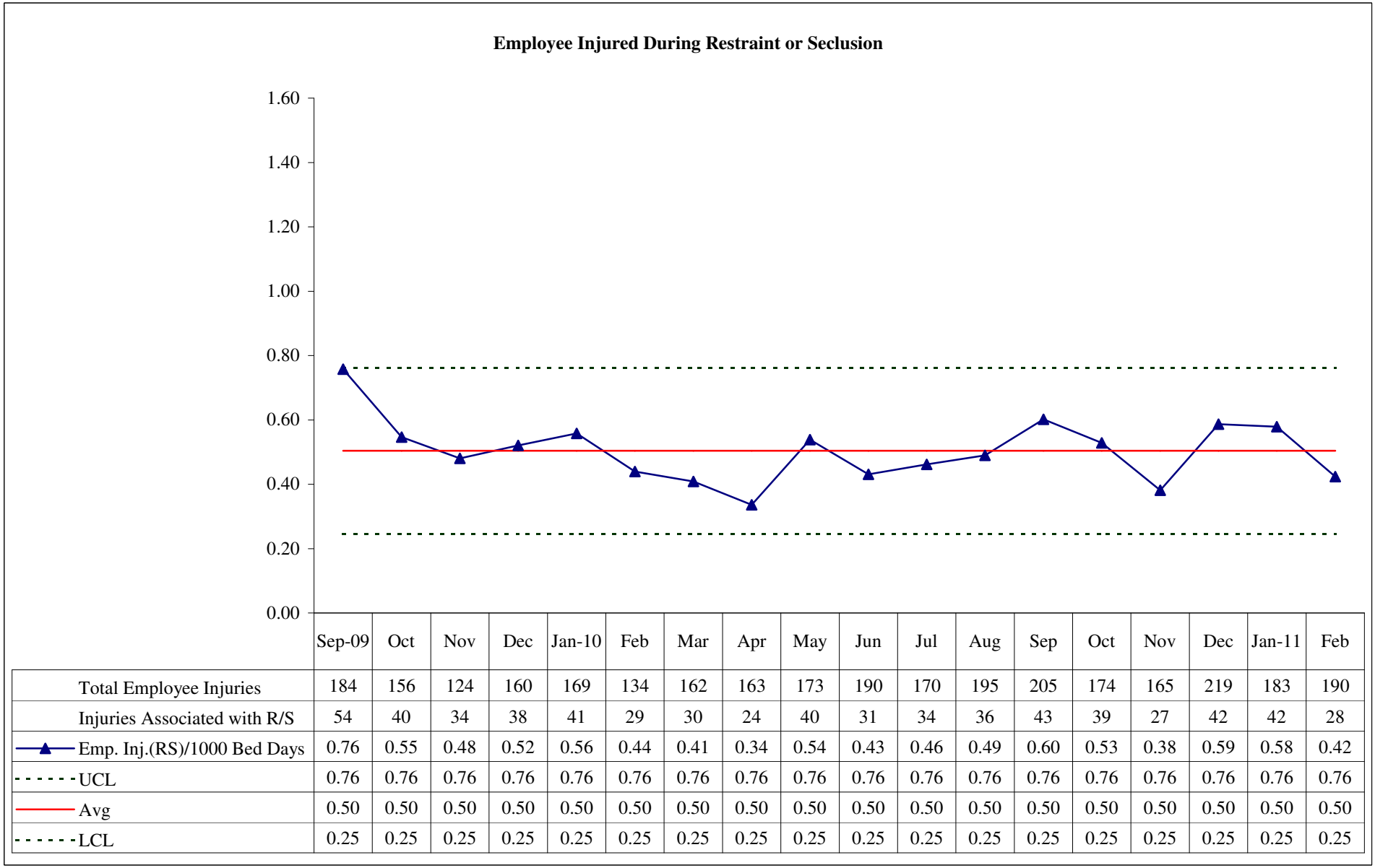
Performance Objective Formula: R = (N/D) x 1,000
R = rate of employees injured during restraint or seclusion per 1000 bed days per month
N = number of employees injured during restraint or seclusion per month
D = number of bed days per month 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:
Chart with monthly data points showing total employee injuries, injuries associated with restraint or seclusion and rate per 1,000 bed days.

Data Flow:



Objective 6E - Employees Injured During Restraint or Seclusion
All State Hospitals

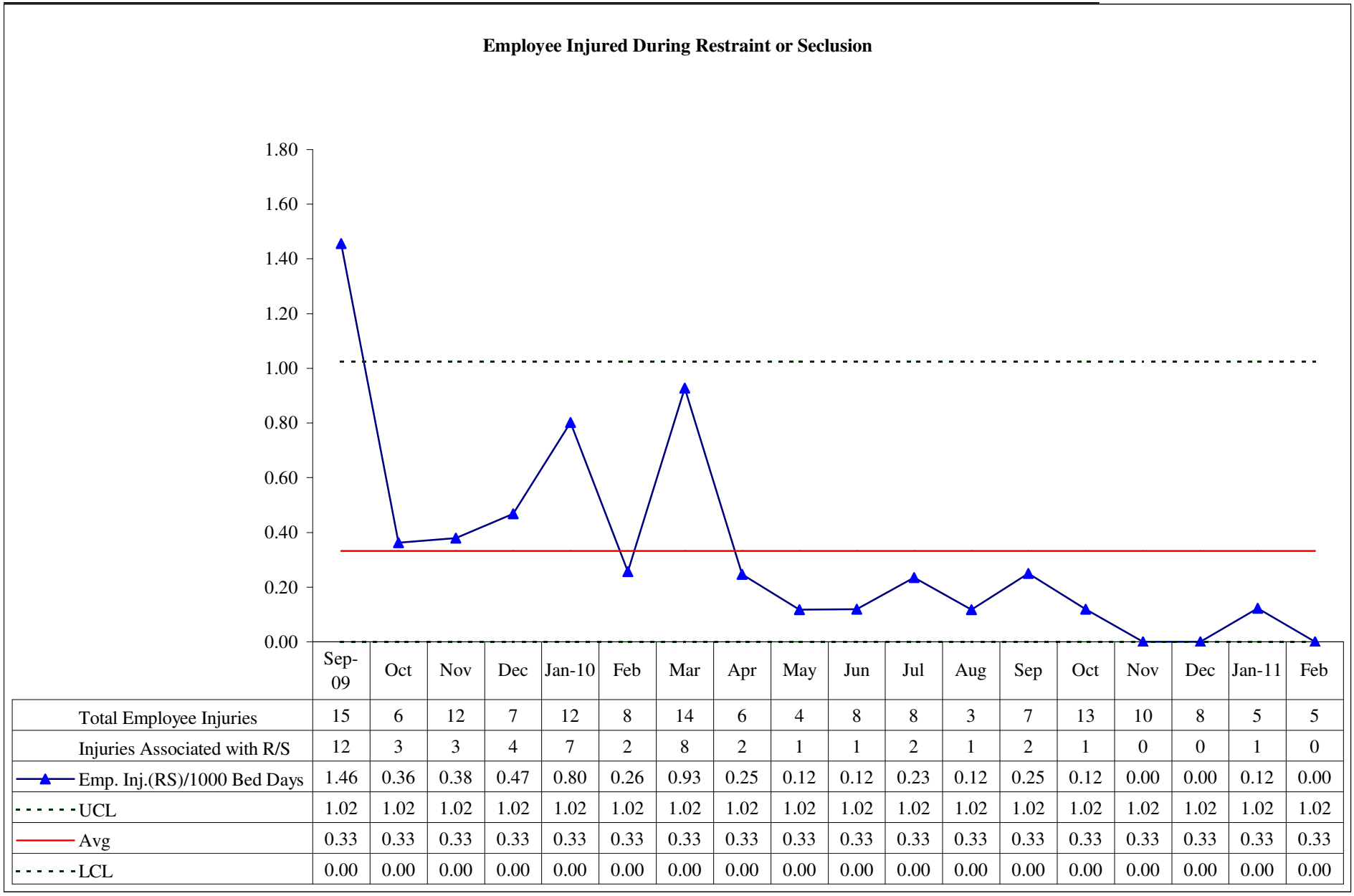


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	184	156	124	160	169	134	162	163	173	190	170	195	205	174	165	219	183	190
Injuries Associated with R/S	54	40	34	38	41	29	30	24	40	31	34	36	43	39	27	42	42	28
Emp. Inj.(RS)/1000 Bed Days	0.76	0.55	0.48	0.52	0.56	0.44	0.41	0.34	0.54	0.43	0.46	0.49	0.60	0.53	0.38	0.59	0.58	0.42
UCL	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76
Avg	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
LCL	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Austin State Hospital

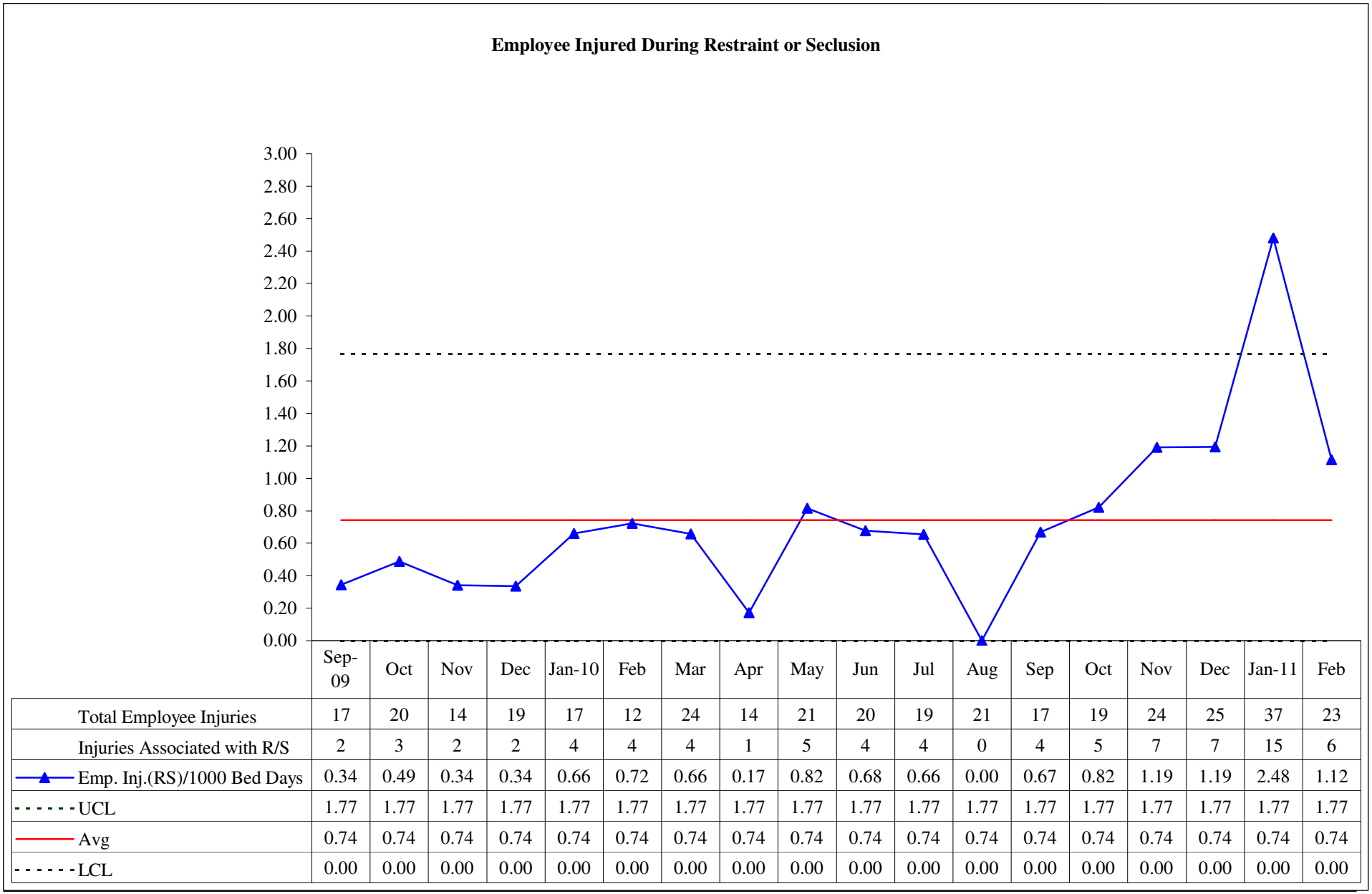


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	15	6	12	7	12	8	14	6	4	8	8	3	7	13	10	8	5	5
Injuries Associated with R/S	12	3	3	4	7	2	8	2	1	1	2	1	2	1	0	0	1	0
Emp. Inj.(RS)/1000 Bed Days	1.46	0.36	0.38	0.47	0.80	0.26	0.93	0.25	0.12	0.12	0.23	0.12	0.25	0.12	0.00	0.00	0.12	0.00
UCL	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02	1.02
Avg	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Big Spring State Hospital



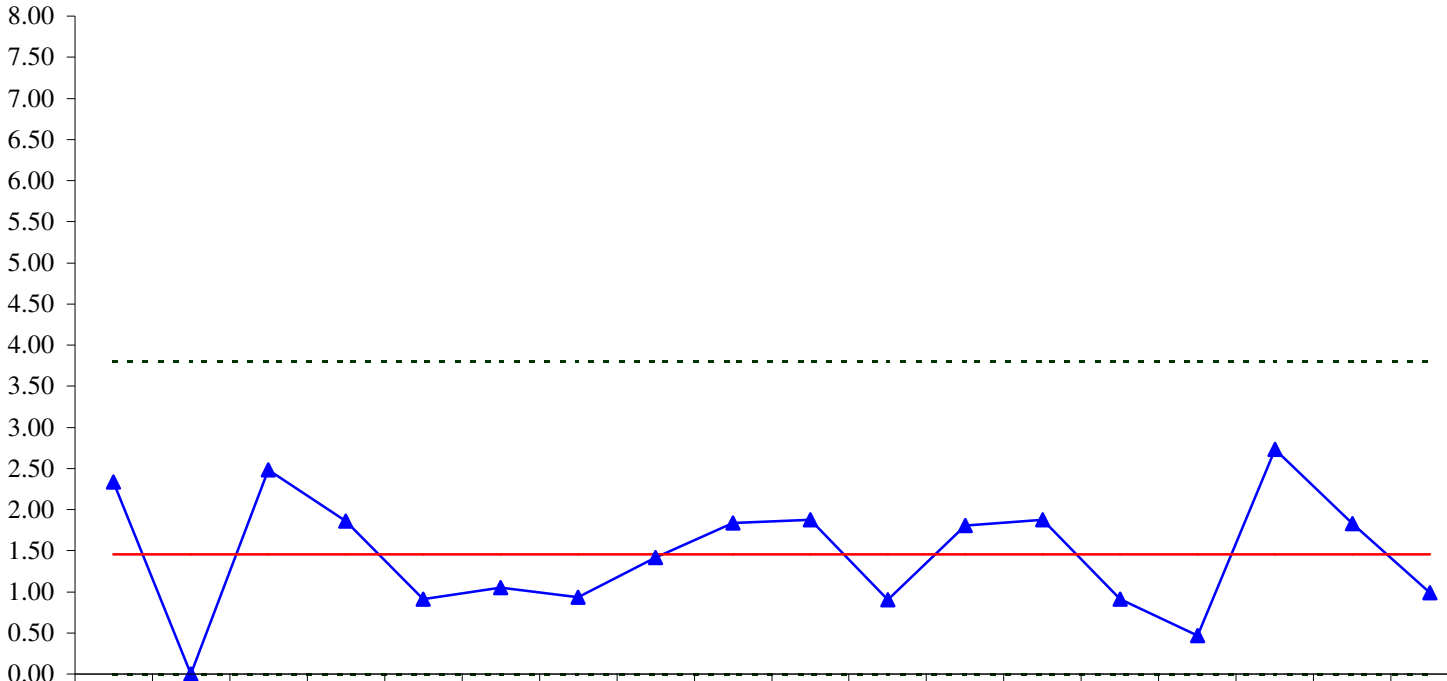
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	17	20	14	19	17	12	24	14	21	20	19	21	17	19	24	25	37	23
Injuries Associated with R/S	2	3	2	2	4	4	4	1	5	4	4	0	4	5	7	7	15	6
Emp. Inj.(RS)/1000 Bed Days	0.34	0.49	0.34	0.34	0.66	0.72	0.66	0.17	0.82	0.68	0.66	0.00	0.67	0.82	1.19	1.19	2.48	1.12
UCL	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77	1.77
Avg	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
El Paso Psychiatric Center

Employee Injured During Restraint or Seclusion



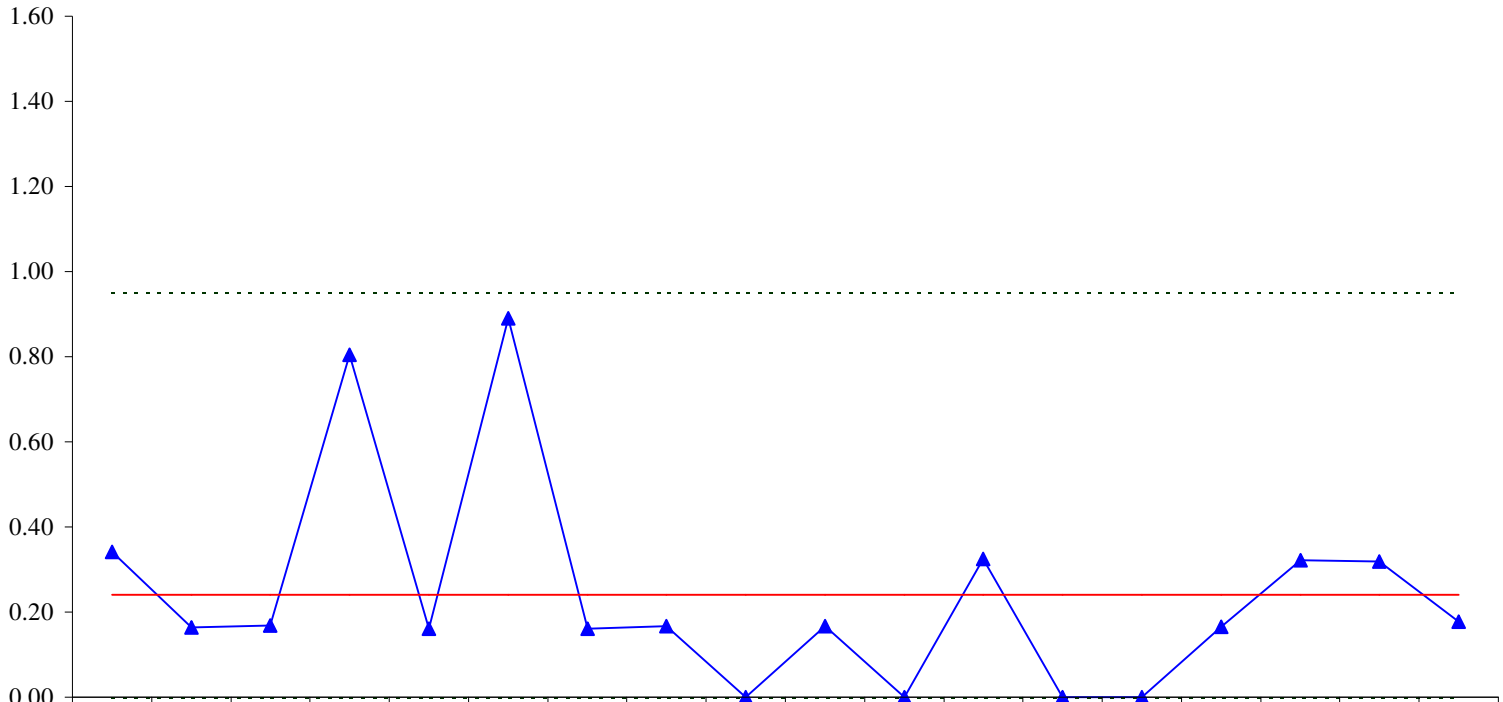
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	16	7	7	7	4	2	8	12	8	14	7	12	10	4	3	18	11	11
Injuries Associated with R/S	5	0	5	4	2	2	2	3	4	4	2	4	4	2	1	6	4	2
Emp. Inj.(RS)/1000 Bed Days	2.34	0.00	2.48	1.86	0.91	1.05	0.93	1.42	1.84	1.87	0.90	1.80	1.88	0.91	0.46	2.73	1.83	0.99
UCL	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80
Avg	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46	1.46
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Kerrville State Hospital

Employee Injured During Restraint or Seclusion



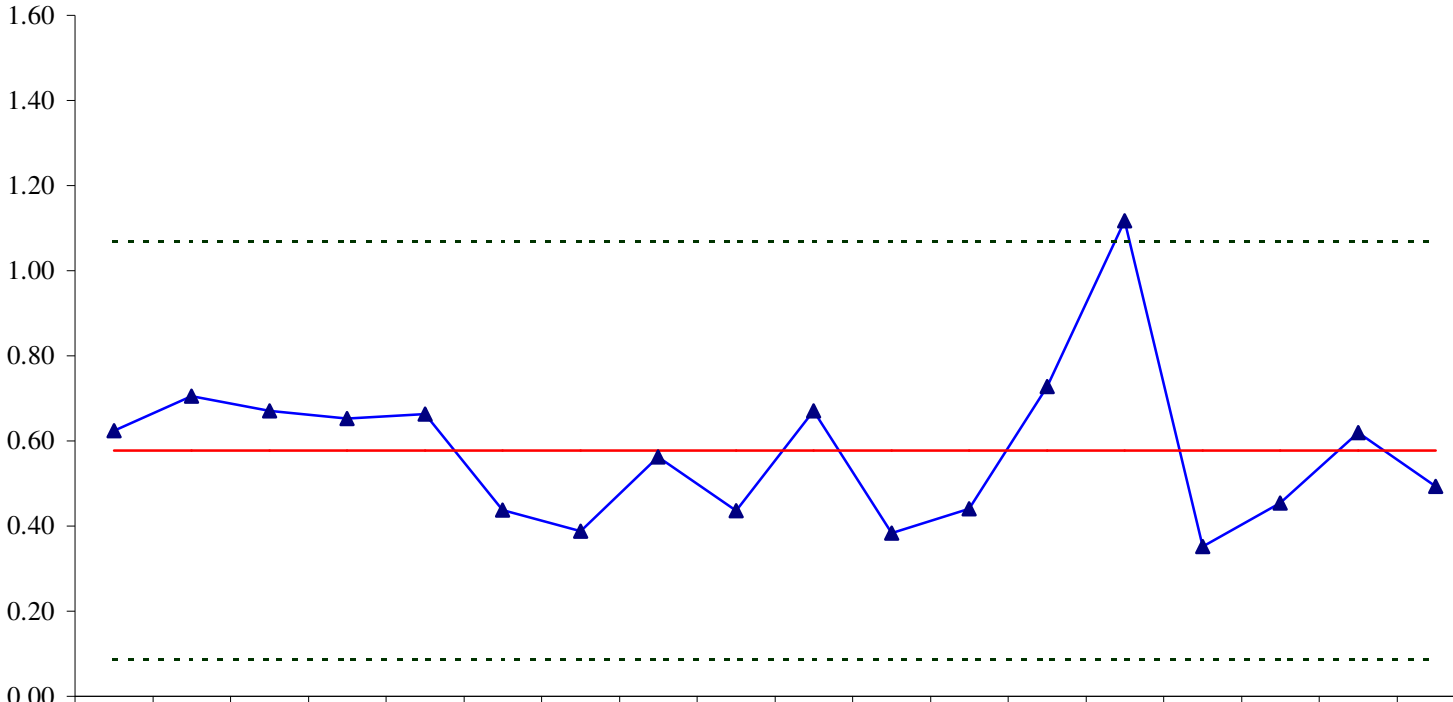
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	12	10	5	12	23	13	14	17	11	17	11	3	14	9	10	9	8	9
Injuries Associated with R/S	2	1	1	5	1	5	1	1	0	1	0	2	0	0	1	2	2	1
Emp. Inj.(RS)/1000 Bed Days	0.34	0.16	0.17	0.80	0.16	0.89	0.16	0.17	0.00	0.17	0.00	0.32	0.00	0.00	0.17	0.32	0.32	0.18
UCL	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95
Avg	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24	0.24
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
North Texas State Hospital

Employee Injured During Restraint or Seclusion

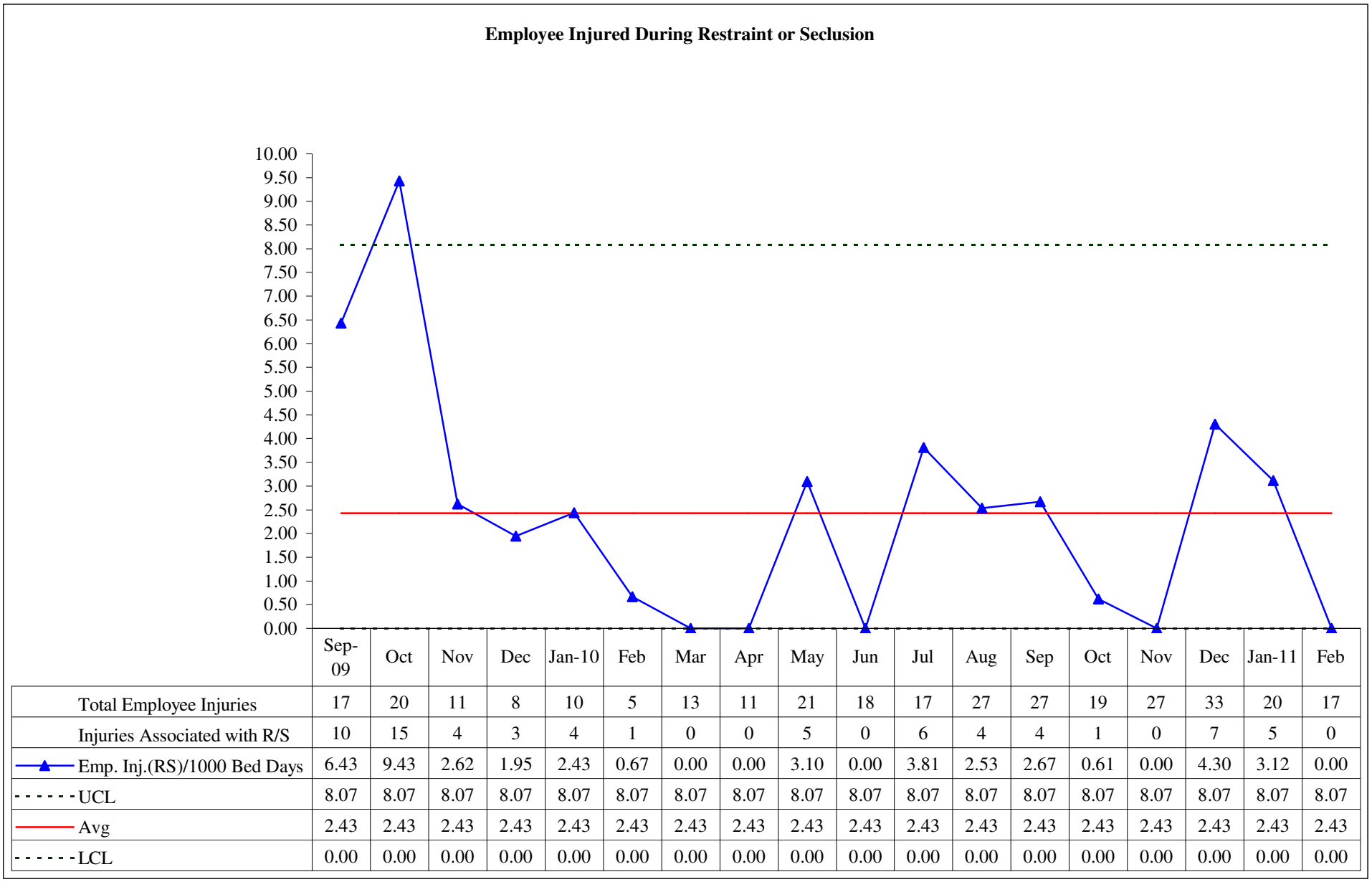


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	35	35	18	37	34	21	27	24	18	41	35	29	49	36	35	38	35	36
Injuries Associated with R/S	11	13	12	12	12	7	7	10	8	12	7	8	13	20	6	8	11	8
Emp. Inj.(RS)/1000 Bed Days	0.62	0.71	0.67	0.65	0.66	0.44	0.39	0.56	0.44	0.67	0.38	0.44	0.73	1.12	0.35	0.45	0.62	0.49
UCL	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07
Avg	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
LCL	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Rio Grande State Center

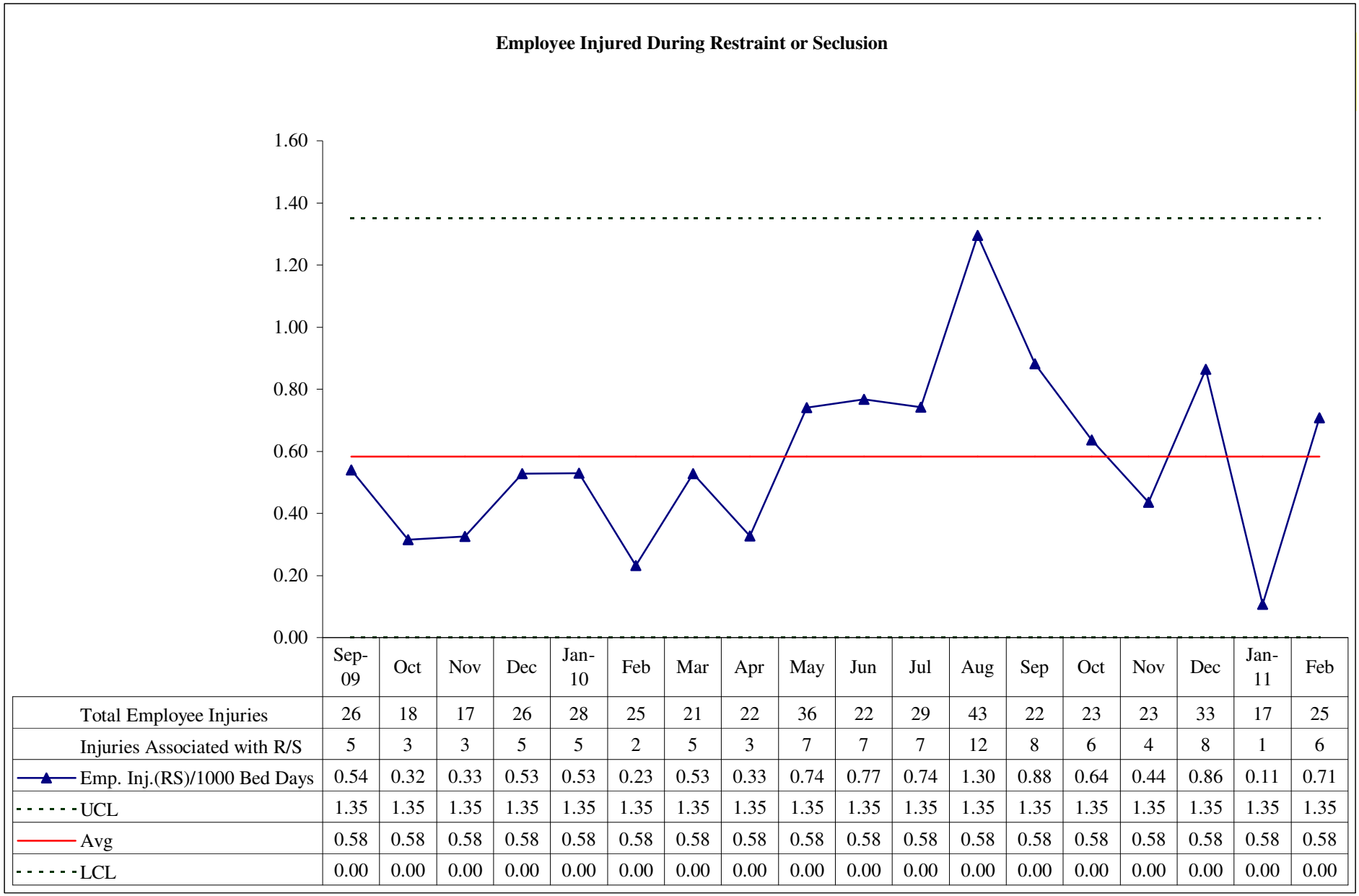


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	17	20	11	8	10	5	13	11	21	18	17	27	27	19	27	33	20	17
Injuries Associated with R/S	10	15	4	3	4	1	0	0	5	0	6	4	4	1	0	7	5	0
Emp. Inj.(RS)/1000 Bed Days	6.43	9.43	2.62	1.95	2.43	0.67	0.00	0.00	3.10	0.00	3.81	2.53	2.67	0.61	0.00	4.30	3.12	0.00
UCL	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07	8.07
Avg	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43	2.43
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Rusk State Hospital



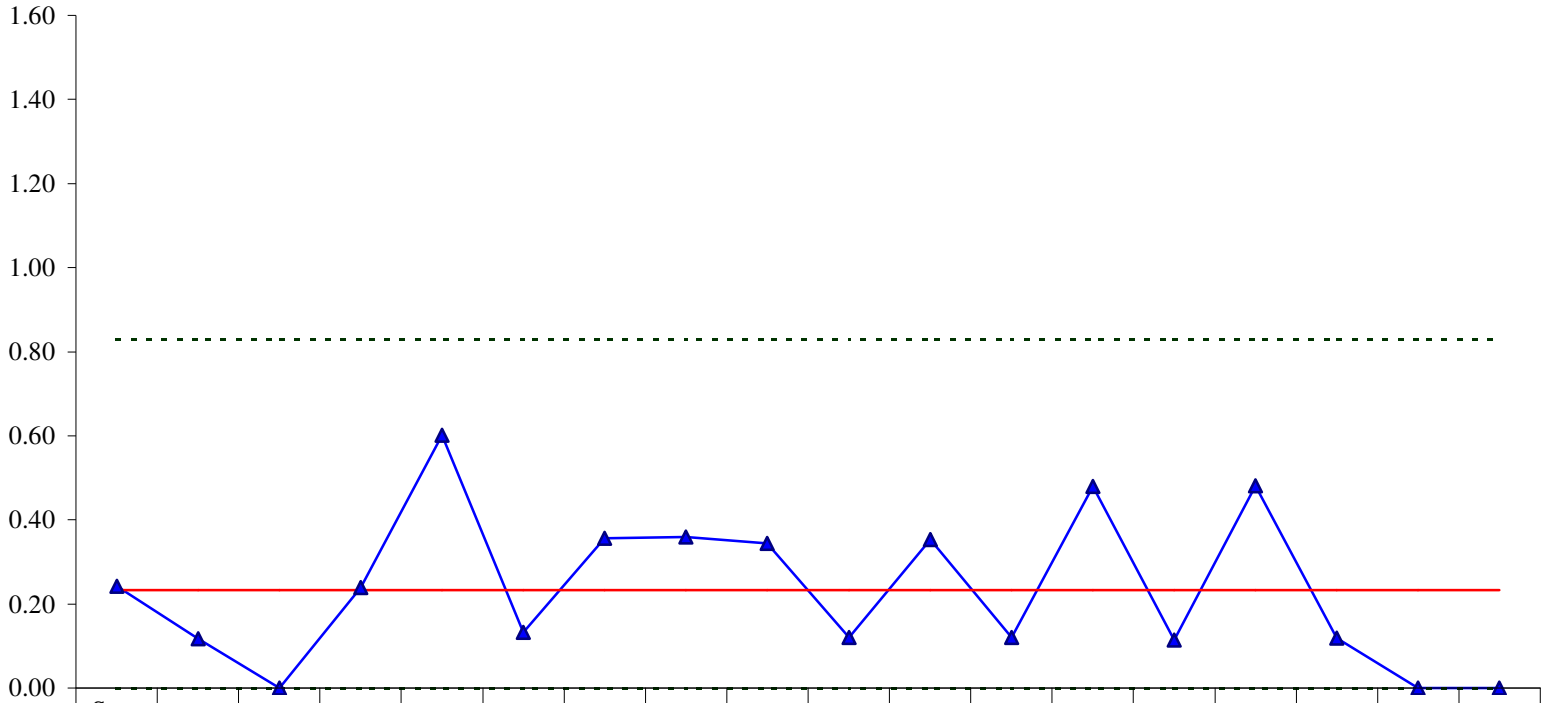
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	26	18	17	26	28	25	21	22	36	22	29	43	22	23	23	33	17	25
Injuries Associated with R/S	5	3	3	5	5	2	5	3	7	7	7	12	8	6	4	8	1	6
Emp. Inj.(RS)/1000 Bed Days	0.54	0.32	0.33	0.53	0.53	0.23	0.53	0.33	0.74	0.77	0.74	1.30	0.88	0.64	0.44	0.86	0.11	0.71
UCL	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35	1.35
Avg	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
San Antonio State Hospital

Employee Injured During Restraint or Seclusion

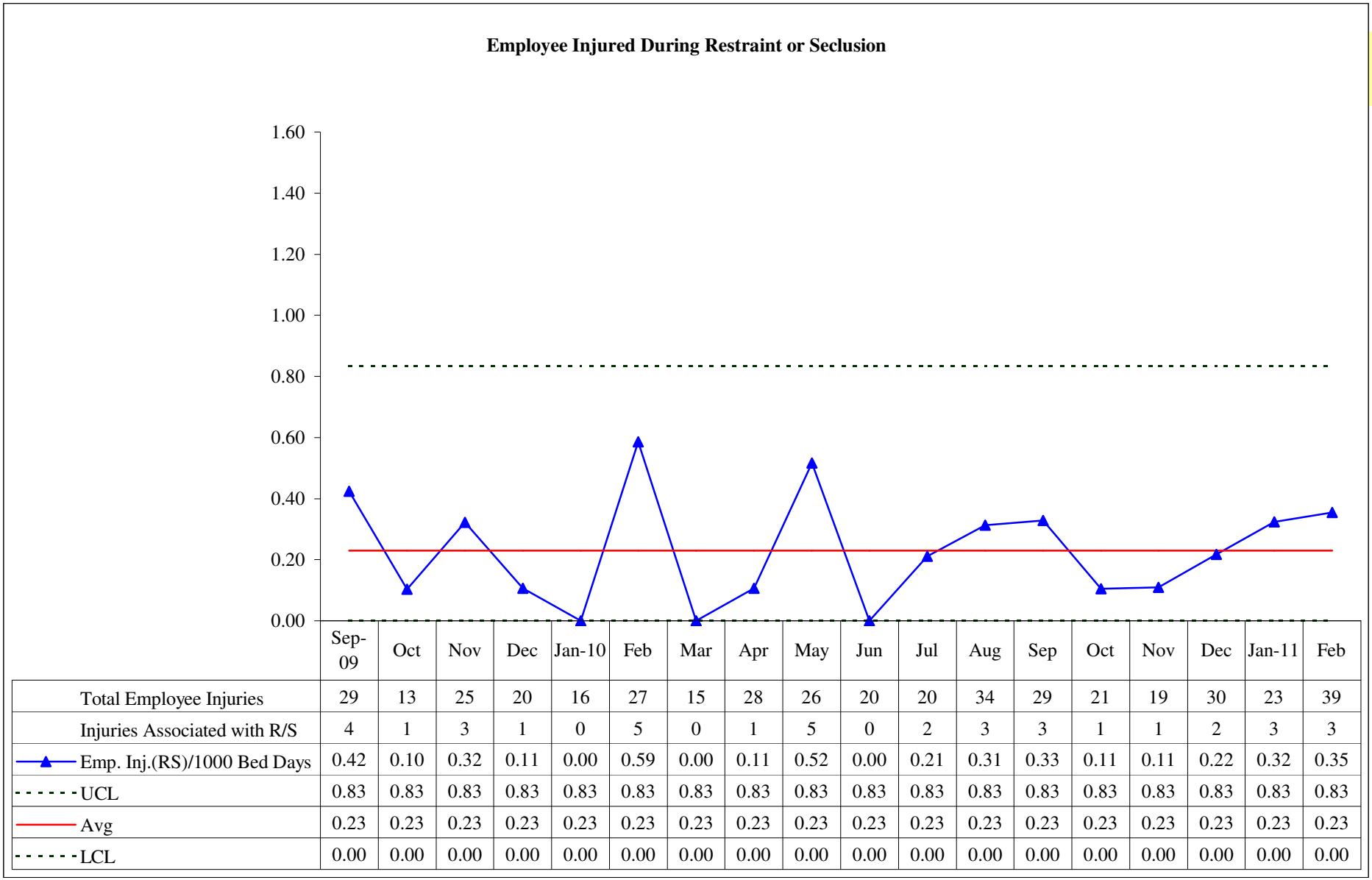


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	13	23	13	21	18	16	22	23	26	28	20	18	27	25	10	20	22	21
Injuries Associated with R/S	2	1	0	2	5	1	3	3	3	1	3	1	4	1	4	1	0	0
Emp. Inj.(RS)/1000 Bed Days	0.24	0.12	0.00	0.24	0.60	0.13	0.36	0.36	0.34	0.12	0.35	0.12	0.48	0.11	0.48	0.12	0.00	0.00
UCL	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83
Avg	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Terrell State Hospital

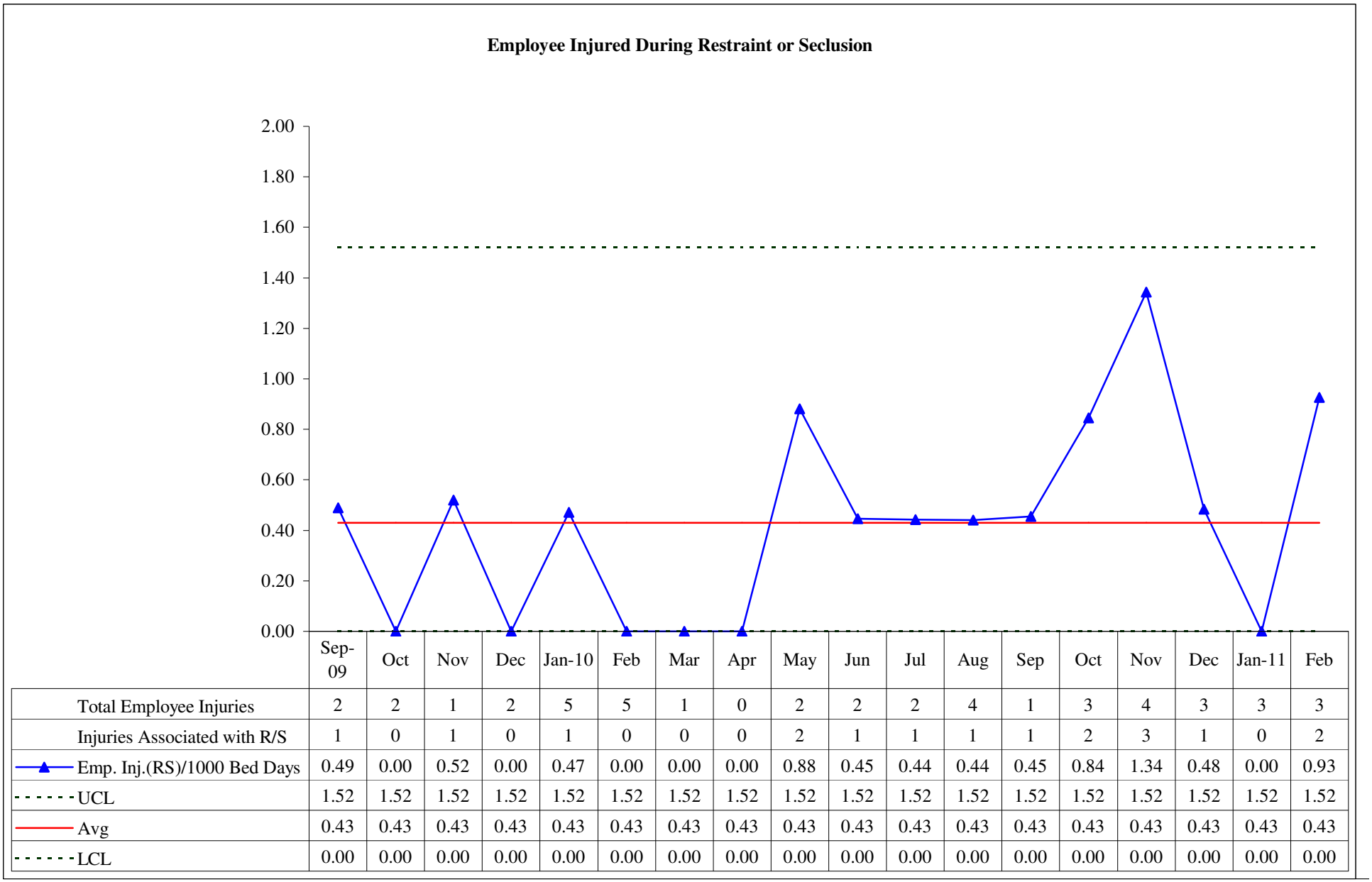


	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	29	13	25	20	16	27	15	28	26	20	20	34	29	21	19	30	23	39
Injuries Associated with R/S	4	1	3	1	0	5	0	1	5	0	2	3	3	1	1	2	3	3
Emp. Inj.(RS)/1000 Bed Days	0.42	0.10	0.32	0.11	0.00	0.59	0.00	0.11	0.52	0.00	0.21	0.31	0.33	0.11	0.11	0.22	0.32	0.35
UCL	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83	0.83
Avg	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Waco Center for Youth



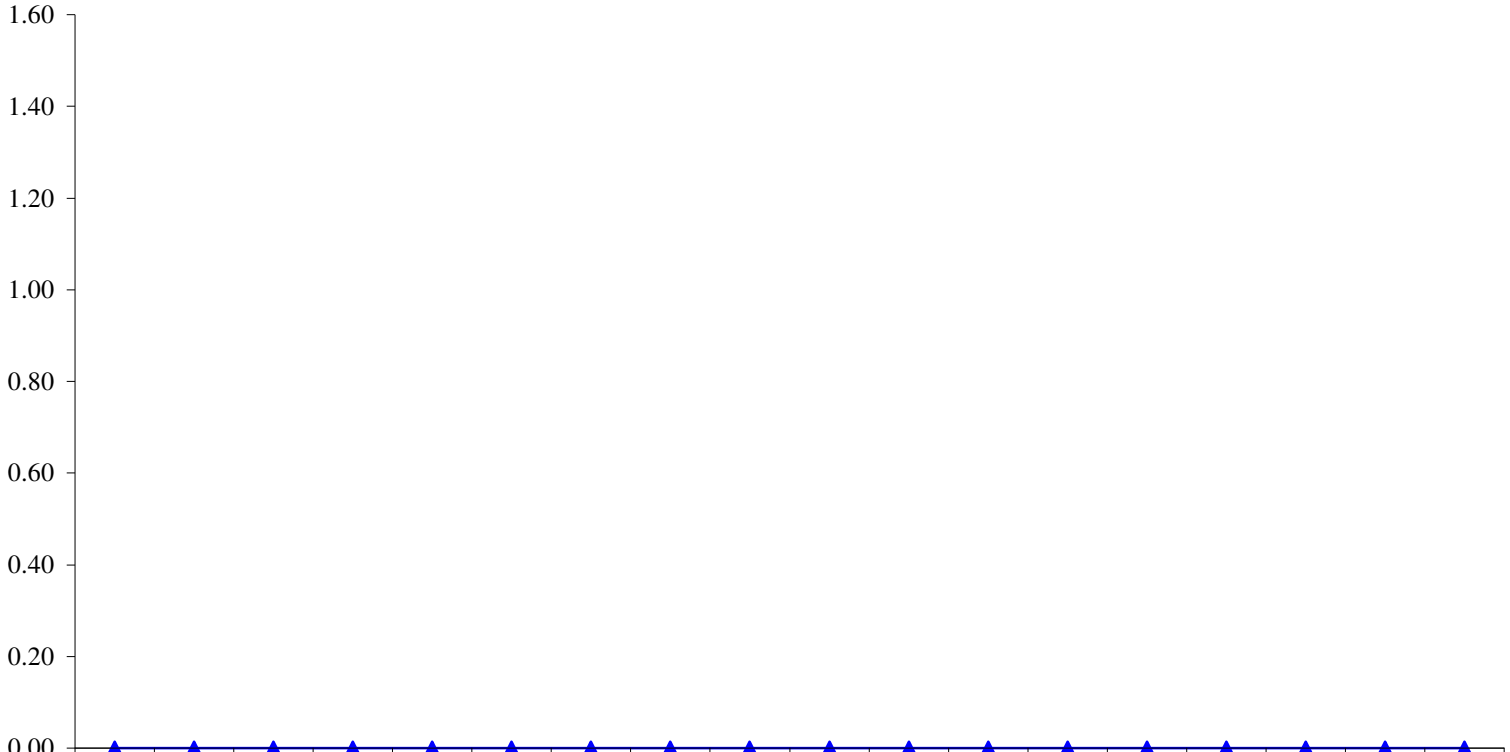
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	2	2	1	2	5	5	1	0	2	2	2	4	1	3	4	3	3	3
Injuries Associated with R/S	1	0	1	0	1	0	0	0	2	1	1	1	1	2	3	1	0	2
Emp. Inj.(RS)/1000 Bed Days	0.49	0.00	0.52	0.00	0.47	0.00	0.00	0.00	0.88	0.45	0.44	0.44	0.45	0.84	1.34	0.48	0.00	0.93
UCL	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52	1.52
Avg	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43	0.43
LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Texas Center for Infectious Disease

Employee Injured During Restraint or Seclusion



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Total Employee Injuries	2	2	1	1	2	0	3	6	0	0	2	1	2	2	0	2	2	1
Injuries Associated with R/S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Performance Objective 6F:

Continue to demonstrate efforts to reduce the rate of Unauthorized Departures with a goal of zero.

Performance Objective Operational Definition: The state hospital rate of unauthorized departures assignments documented on the state hospital elopement report form per 1,000 bed days per month. An unauthorized departure means any person who is a patient at a state hospital who is off campus without authorization or is missing and cannot be located. A person who is voluntarily admitted to a state hospital and departs is not considered an unauthorized departure.

Performance Objective Formula: R = (N/D) x 1,000

R = rate of elopement assignments per 1,000 bed days per month

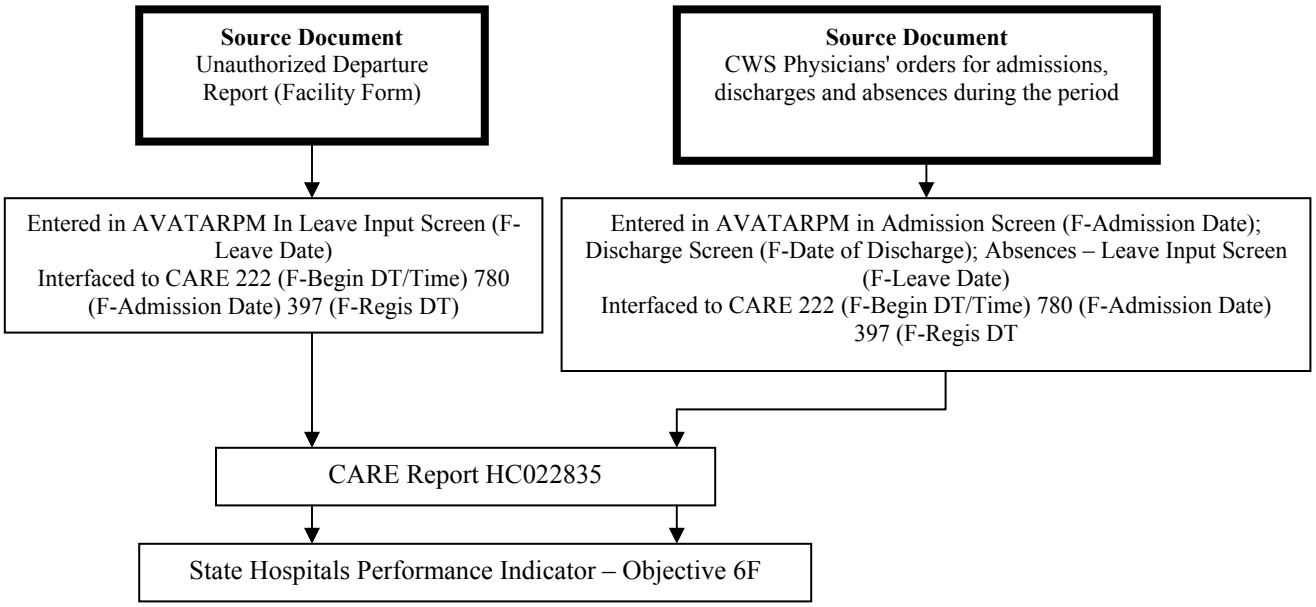
N = number of elopement assignments per month (Each UD is counted only once, in the month it is begun, even if it extends into subsequent months. Number of persons means the number of persons for whom assignments were begun during the month)

D = number of bed days per month 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

- Table shows UD incidents, UD persons and bed days in a month for individual state hospitals and system-wide.
- Control chart with monthly data points of UDs per 1,000 bed days for individual state hospitals and system-wide.

Data Flow: **Numerator (N)** **Denominator (D)**



Objective 6F - Rate for Elopements

All State Hospitals - Previous 12 Months

ALL MH HOSPITALS	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Unauthorized Departures Incidents	16	17	14	16	19	21	11	27	23	21	22	18
Unauthorized Departures Persons	15	15	14	16	19	21	11	27	23	21	21	17
Bed Days in Month	72346	70373	73079	70863	72547	72301	70230	72553	69647	70555	71582	65137
Incidents/1000 Bed Days	0.22	0.24	0.19	0.23	0.26	0.29	0.16	0.37	0.33	0.30	0.31	0.28

Table: Hospital Management Services Data

Source: (HC022835) Unauthorized Departures - Campus

Performance Objective 6G:

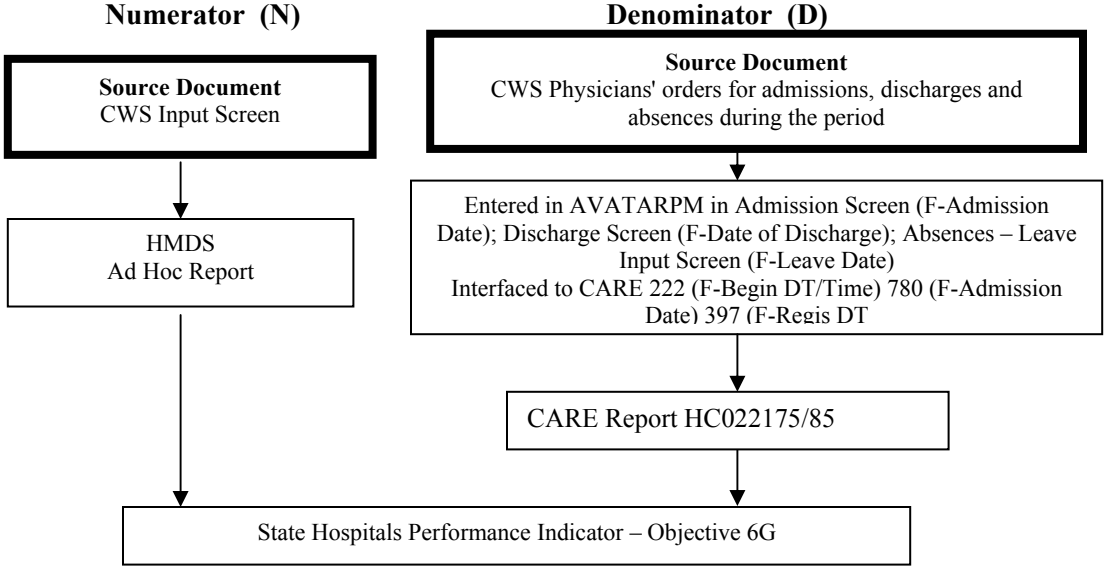
Analyze and evaluate the effectiveness of the fall reduction program and demonstrate efforts to reduce the rate of falls with a goal of zero.

Performance Objective Operational Definition: The state hospital rate of patient falls reported on the Client Injury Assessment per FY quarter. Number of fall injuries for all falls reported on the client injury report.

Performance Objective Formula: **R = (N/D) x 1000**
R = rate of fall injuries per 1000 bed days per FY quarter
N = number of fall injuries D = number of bed days per FY quarter
1000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:
- Chart shows number of fall injuries and rate (per 1000 bed days) for individual state hospitals and system-wide.
- Chart shows percent of injuries to number of falls for individual state hospitals and system-wide.

Data Flow:



Objective 6G - Rate of Falls
All State Hospitals

	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
ALL STATE HOSPITALS															
All Falls	179	177	132	169	201	188	170	179	221	179	191	179	168	172	151
Bed Days in Month	73019	73518	66000	73381	71486	74231	71901	73650	73496	71429	73803	70798	71619	72597	66053
Falls/1000 Bed Days	2.45	2.41	2.00	2.30	2.81	2.53	2.36	2.43	3.01	2.51	2.59	2.53	2.35	2.37	2.29

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS Ad Hoc Injury Report

Performance Measure 6A:

Calculate, trend and review rate of patient injuries quality improvement opportunities. Injuries will be reported by age categories: Ages 0-17; 18-64; and 65-older.

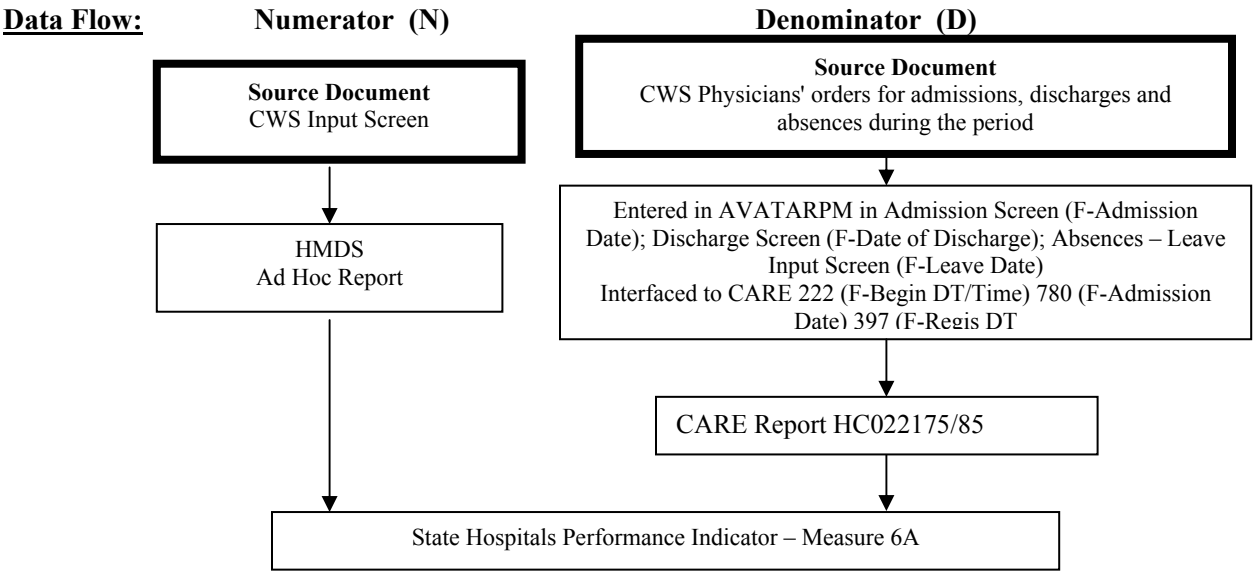
Performance Measure Operational Definition: The state hospital rate of patient injuries documented on the Client Injury Assessment per FY quarter. Number of injuries incurred by age group category per FY quarter (age will be calculated at the beginning of the reporting period).

Performance Measure Formula: R = (N/D) x 1000
R = rate of injuries per 1000 bed days per FY quarter
N = number of injuries D = number of bed days per FY quarter
1,000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

- Table shows number of injuries by probable cause and rate (per 1,000 bed days) of injuries by treatment for individual state hospitals and system-wide.
- Bar chart with fiscal year to date of total NRI Categories 3,4 and 5 injuries per 1,000 bed days for individual state hospitals and system-wide. (Category 3 – Medical Treatment; Category 4 – Hospitalization; and Category 5 – Fatal)
- Table showing number of injuries by age category per quarter.

Data Flow:



Measure 6A - Patient Injuries

All Mental Health Hospitals - FY11

	Q1							Q2							Q3							Q4						
Hospital	N/A	No Tx	First Aid	Med Tx	Iospital-ization	Fatal	* **Total**	N/A	No Tx	First Aid	Med Tx	Iospital-ization	Fatal	* **Total**	N/A	No Tx	First Aid	Med Tx	ospital-zatio	Fatal	* **Total**	N/A	No Tx	First Aid	Med Tx	Iospital-ization	Fatal	* **Total**
ALL MH																												
Accident	0	469	409	39	1	0	**918**	1	404	315	44	3	0	**767**														
Another Client	0	371	255	25	0	0	**651**	0	405	251	24	1	0	**681**														
Alleged Abuse/Neglect														**0**														
Employee/Accident	0	8	15	1	1	0	**25**	0	5	17	0	0	0	**22**														
Medical Condition	0	36	12	6	1	0	**55**	1	20	15	2	0	0	**38**														
Self Inflicted	0	160	270	14	0	0	**444**	0	141	217	18	3	0	**379**														
Undetermined	18	246	105	15	0	0	**384**	24	249	129	14	0	0	**416**														
Visitor	0	0	0	0	0	0	**0**	0	0	0	0	0	0	**0**														
Total	**18**	**1290**	**1066**	**100**	**3**	**0**	**2477**	**26**	**1224**	**944**	**102**	**7**	**0**	**2303**														
Rate/1000 Bed Days	0.08	6.07	5.02	0.47	0.01	0.00	**0.49**	0.13	5.91	4.56	0.49	0.03	0.00	**0.53**														

N/A = Not Available

*Total Rate/1000 Bed Days for NRI Category 3, 4,5 (Med Tx, Hospitalization & Fatal)

Table: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and CWS

Measure 6A - Patient Injuries

All Mental Health Hospitals - FY11

	Q1							Q2							Q3							FYTD						
Hospitals	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**
ALL MH																												
Age 0-17	8	192	269	14	0	0	**483**	6	174	245	18	0	0	**443**														
Age 18-64	10	1002	760	80	3	0	**1855**	16	969	642	82	5	0	**1714**														
Age 65-olde	0	96	37	6	0	0	**139**	4	81	57	2	2	0	**146**														
Total	**18**	**1290**	**1066**	**100**	**3**	**0**	**2477**	**26**	**1224**	**944**	**102**	**7**	**0**	**2303**														

N/A = Not Available

Table: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and CWS

Performance Measure 6B:

Calculate, trend and review rate of on the job employee injuries for quality improvement opportunities. Injuries will be reported by age categories:
Ages: 18 – 39; 40 – 64 and 65 – older.

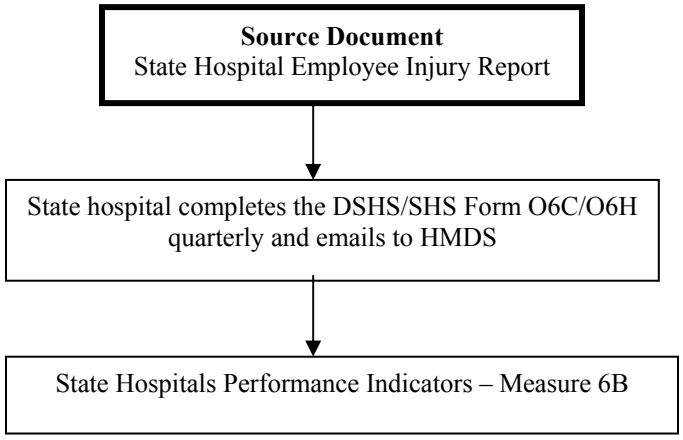
Performance Measure Operational Definition:. The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

Performance Measure Formula: Employee injuries per 1,000 bed days.

Performance Measure Data Display and Chart Description:

- Table shows quarterly employee injuries and rate per 1,000 bed days by the individual state hospitals and system-wide.
- Table shows FY employee injuries and rate per 1,000 bed days by the individual state hospitals and system-wide.

Data Flow:



Measure 6B - Employee Injuries
All State Hospitals - Q2 FY11

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	8	41	28	10	52	38	40	23	33	1	6	**280**
Per 1,000 Bed Days	**0.34**	**2.37**	**4.38**	**0.55**	**1.01**	**8.09**	**1.48**	**0.93**	**1.22**	**0.33**	**0.93**	**1.33**
Age 40-64	10	43	12	16	47	32	31	37	54	3	2	**287**
Per 1,000 Bed Days	**0.42**	**2.49**	**1.88**	**0.88**	**0.91**	**6.81**	**1.14**	**1.50**	**2.00**	**0.98**	**0.31**	**1.36**
Age 65 - Older	0	1	0	0	10	0	4	2	5	1	1	**24**
Per 1,000 Bed Days	**0.00**	**0.06**	**0.00**	**0.00**	**0.19**	**0.00**	**0.15**	**0.08**	**0.19**	**0.33**	**0.15**	**0.11**
Unknown	0	0	0	0	0	0	0	1	0	0	0	**1**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.04**	**0.00**	**0.00**	**0.00**	**0.00**
Total	**18**	**85**	**40**	**26**	**109**	**70**	**75**	**63**	**92**	**5**	**9**	**592**
Per 1,000 Bed Days	**0.75**	**4.92**	**6.25**	**1.43**	**2.11**	**14.90**	**2.77**	**2.56**	**3.41**	**1.63**	**1.39**	**2.82**

Table: Hospital Management Data Services

Source: Facility Survey

Measure 6B - Employee Injuries
All State Hospitals - FY11 - As of February 28, 2011

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	22	80	40	19	114	81	84	49	61	1	11	**562**
Per 1,000 Bed Days	**0.46**	**2.27**	**3.11**	**0.52**	**1.09**	**8.66**	**1.53**	**0.98**	**1.11**	**0.15**	**0.83**	**1.32**
Age 40-64	25	63	16	40	96	62	54	72	92	7	5	**532**
Per 1,000 Bed Days	**0.52**	**1.79**	**1.24**	**1.10**	**0.92**	**6.63**	**0.99**	**1.44**	**1.68**	**1.04**	**0.38**	**1.25**
Age 65 - Older	1	2	1	0	19	0	5	3	8	1	1	**41**
Per 1,000 Bed Days	**0.02**	**0.06**	**0.08**	**0.00**	**0.18**	**0.00**	**0.09**	**0.06**	**0.15**	**0.15**	**0.08**	**0.10**
Unknown	0	0	0	0	0	0	0	1	0	0	0	**1**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.02**	**0.00**	**0.00**	**0.00**	**0.00**
Total	48	145	57	59	229	143	143	125	161	9	17	1136
Per 1,000 Bed Days	**0.99**	**4.12**	**4.43**	**1.62**	**2.19**	**15.29**	**2.61**	**2.50**	**2.94**	**1.34**	**1.28**	**2.66**

Table: Hospital Management Data Services

Source: Facility Survey

Measure 6B - Employee Injuries
All State Hospitals - FY11

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Q1 Total Injuries	**30**	**60**	**17**	**33**	**120**	**73**	**68**	**62**	**69**	**4**	**8**	**544**
# Injuries Associated with Patient Aggression/No Restraint	18	22	5	10	0	34	34	14	36	0	0	**173**
	0.60	**0.37**	**0.29**	**0.30**	**0.00**	**0.47**	**0.50**	**0.23**	**0.52**	**0.00**	**0.00**	**0.32**
Q2 Total Injuries	**18**	**85**	**40**	**26**	**109**	**70**	**75**	**63**	**92**	**5**	**9**	**592**
# Injuries Associated with Patient Aggression/No Restraint	9	37	10	3	44	40	33	24	11	0	0	211
	0.50	**0.44**	**0.25**	**0.12**	**0.40**	**0.57**	**0.44**	**0.38**	**0.12**	**0.00**	**0.00**	**0.36**
Q3 Total Injuries												
# Injuries Associated with Patient Aggression/No Restraint												
Q4 Total Injuries												
# Injuries Associated with Patient Aggression/No Restraint												
FY Total Injuries												
# Injuries Associated with Patient Aggression/No Restraint												

Table: Hospital Management Data Services

Source: Facility Survey

GOAL 7: Obtain, Manage and Use Information

Performance Objective 7D:

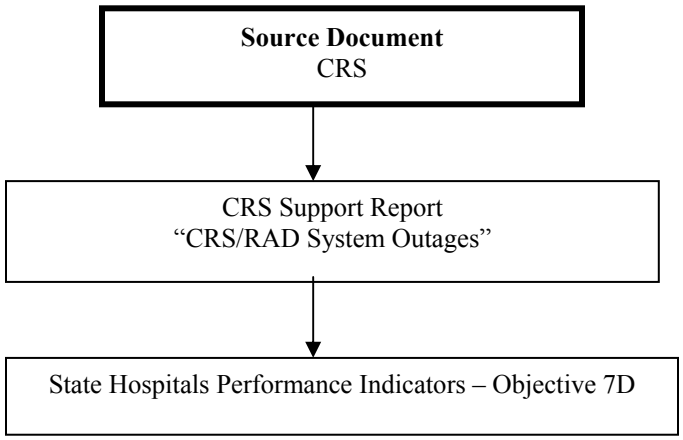
Monitor and analyze the CRS downtime.

Performance Measure Operational Definition:. The system-wide CRS downtime will be monitored.

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:
Table shows total hours, minutes and rate of downtime for system-wide.

Data Flow:



Objective 7D - Monitor the CRS Downtime
System-Wide

CRS/RAD System outages FY11

Date	Time	Restart Time	Approx outage length	Reason
10/20/2010	10:30 AM	1:30 PM	3	There was only 1 UPS in-line at the Winters Data Center (after the last outage) and a fuse was blow in the UPS, shutting it down.
10/29/2010	1:15 AM	5:00 AM	3.75	Generator failure
11/22/2010	11:00 AM	2:30 PM	3.5	Software error. Netsmart recompiled all classes.
			10.25	**Total hours unavailable**
			615.00	**Total min. unavailable**
			1440.00	**Min/day**
			91.00	**Available days (Nov)**
			131040.00	**Available min (Nov)**
			0.47%	**% unscheduled downtime**
			99.53%	**% Uptime**

Table: Hospital Management Data Services

Source: CRS/RAD System Outages Report

Performance Objective 7I:

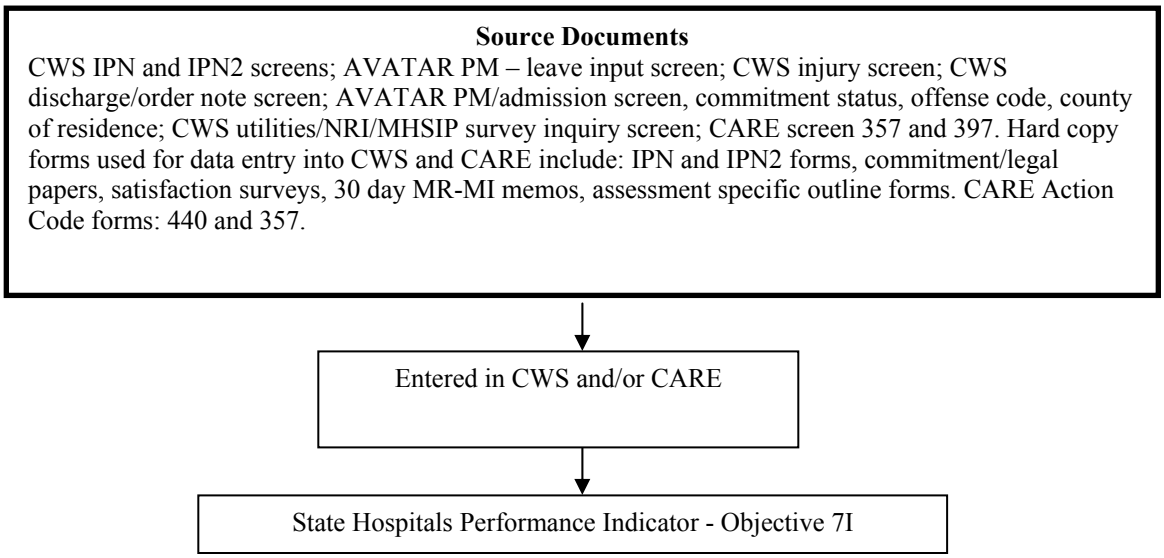
Maintain 95% compliance for Data Integrity Review (DIR) measures.

Performance Objective Operational Definition: State hospital reported Data Integrity Review (DIR) measures are reviewed for accuracy, completeness and timeliness as found in the CRS and CARE systems.

Performance Objective Formula: Percentage for compliance is calculated by:
N = # of cases per sample measure that are accurate, or complete, or timely based upon the measure being reviewed.
D = total # of cases per sample measure being reviewed.

Performance Objective Data Display and Chart Description:
Chart with Data Integrity Review compliance scores per state hospital DIR.

Data Flow:



Objective 7I - Data Integrity Review Measures
All State Hospitals - As of February 28, 2011

Measure	RGSC 2/10	ASH 3/10	TSH 4/10	WCY 6/10	SASH 7/10	EPPC 7/10	BSH 9/10	NTSH 10/10	TCID 10/10	KSH 12/10	RSH 1/11
RESTR	66.67	100	100	100	100	100	100	100	NA	100	100
SECL	NA	NA	100	NA	NA	NA	NA	100	NA	NA	100
LEAVE	NA	100	100	100	100	100	100	100	NA	100	100
ELOPE	NA	100	100	100	100	100	NA	100	100	NA	100
INJURY	100	100	100	100	100	100	100	100	100	100	100
MR/MI Memo	NA	100	100	NA	100	100	100		NA	NA	100
MR/MI CARE	NA	100	100	NA	100	100	100		NA	NA	100
MR/MI Comb	NA	100	100	NA	100	100	100		NA	NA	100
TIMA	88.23	100	100	NA	100	100	100	NA	NA	NA	NA
NRI-S/A	99.83	100	98	NA	100	100	99	100	NA	NA	100
NRI-S/C	NA	100	100	100			88	99	NA	NA	NA
COMMIT	100	100	100	100	100	100	100	100	NA	100	100
OFFENSE	NA	100	100	NA	100	100	100	100	NA	100	100
CTY RES	100	100	100	100	97	100	100	100	NA	83	100
%	92.46	100.00	99.86	100	99.75	100.00	98.92	99.90	100.00	97.17	100.00
CWS Finalization											
AIMS	99.07	98.8	98.1	63	100	95.7	100	97	NA	100	99
NURSING	97.2	97.8	95.4	100	94.3	97.1	96	97	100	100	100
MEDICAL HX	99.07	98.8	94.1	100	100	98.6	100	94	100	100	100
PHYS EXAM	99.07	94.59	95.4	100	100	99	100	92	95	100	100
DIAGNOSIS	99.07	99.1	100	100	97.5	100	100	99	NA	100	100
MENTAL S.E	90.65	98.8	100	100	99.4	100	100	98	NA	100	100
PSY EVAL	91.59	96.1	100	100	98.7	98.6	98	97	95	100	100
SOCIAL HX	96.26	95.5	95.9	100	98.1	100	100	99	95	75	100
SUICIDE ASSESSMENT-Admit											
Numerator	826	2596	1697	122	1387	552	667	1620	116	31	583
Denominator	856	2664	1743	128	1413	560	672	1648	120	32	584
%	96.5	97.5	97.4	95	98	98.6	99	98	97	97	100
CWS Forms Finalized											
TX PLAN*	100	100	100	100	100	100	100	100	NA	100	100
TX PLAN REV	80	100	100	100	100	100	100	100	NA	100	100
CONSENT 9-7	96.67	100	100	100	100	100	100	100	NA	100	100
RIGHTS 9-1	96.67	100	100	100	100	100	100	100	NA	100	100
External Validation											
R/S VALIDATION	YES	YES	YES	YES	YES	YES	YES	YES	NA	YES	YES

Key: A=Accuracy Rate, C=Completion Rate,

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

Achieve 95% of all staff will be current with CORE, specialty and overall training requirements.

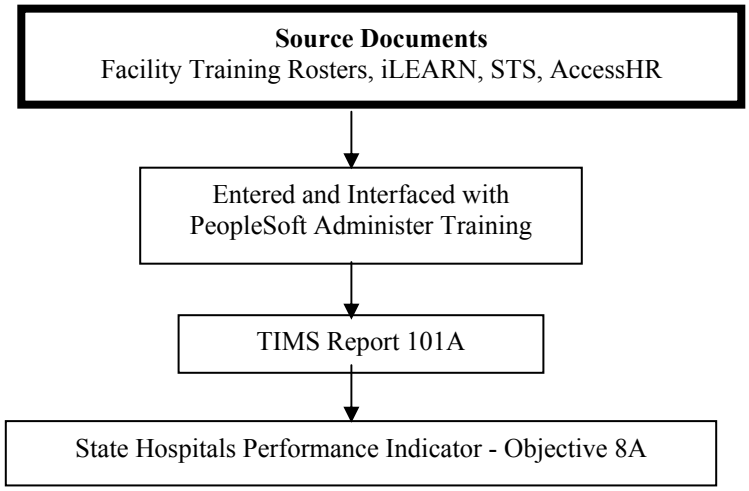
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered up until the time the report is run, 6:30 a.m. on the first day of the following month) will be reported in TIMS Report 101A.

Performance Objective Formula: Rate = number of employees with active training statuses who have completed their training/number of current employees at the state hospital.

Performance Objective Data Display and Chart Description:

- Control chart with monthly data points of percentage of training completed for individual state hospitals and system-wide.
- Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



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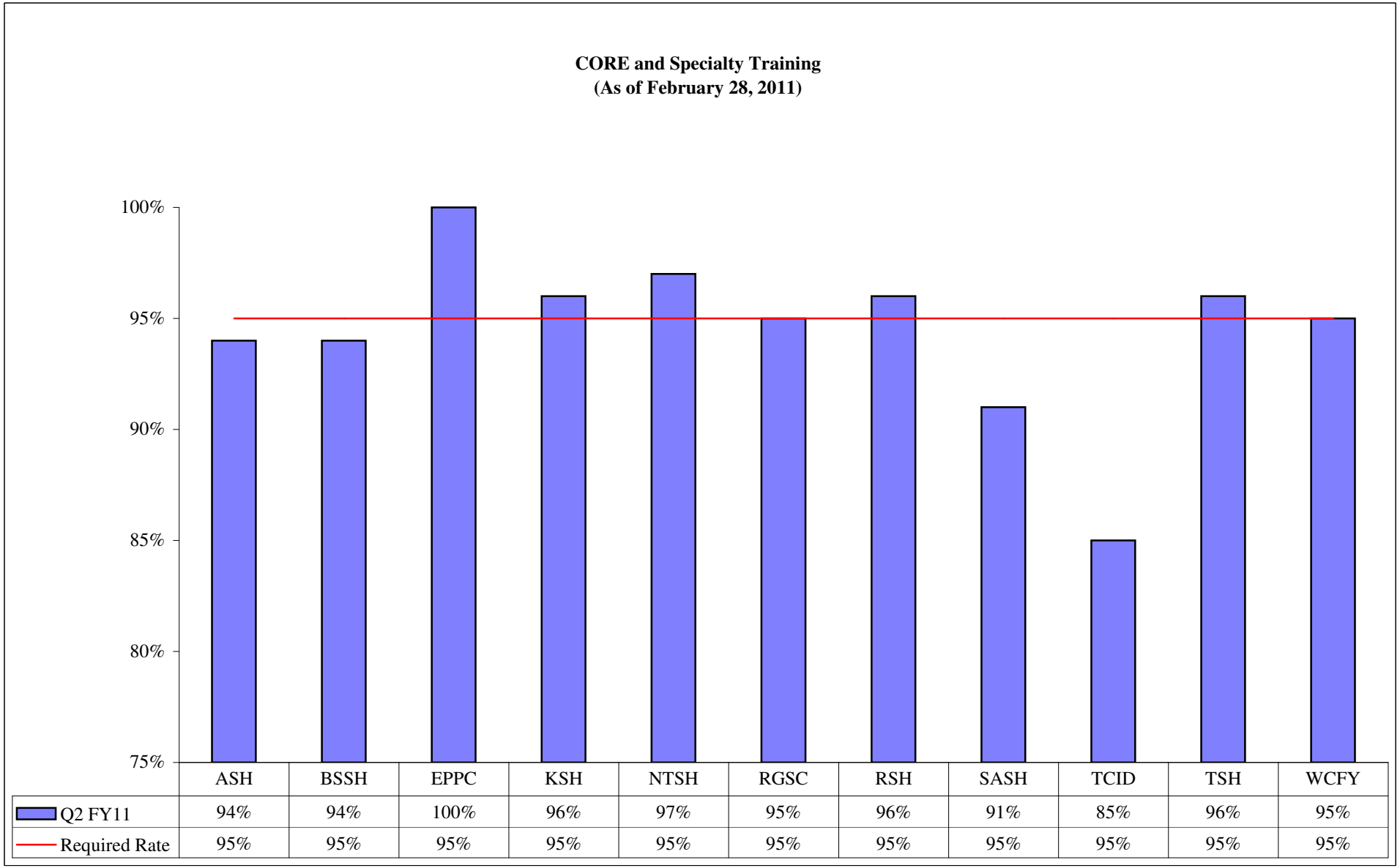
Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals

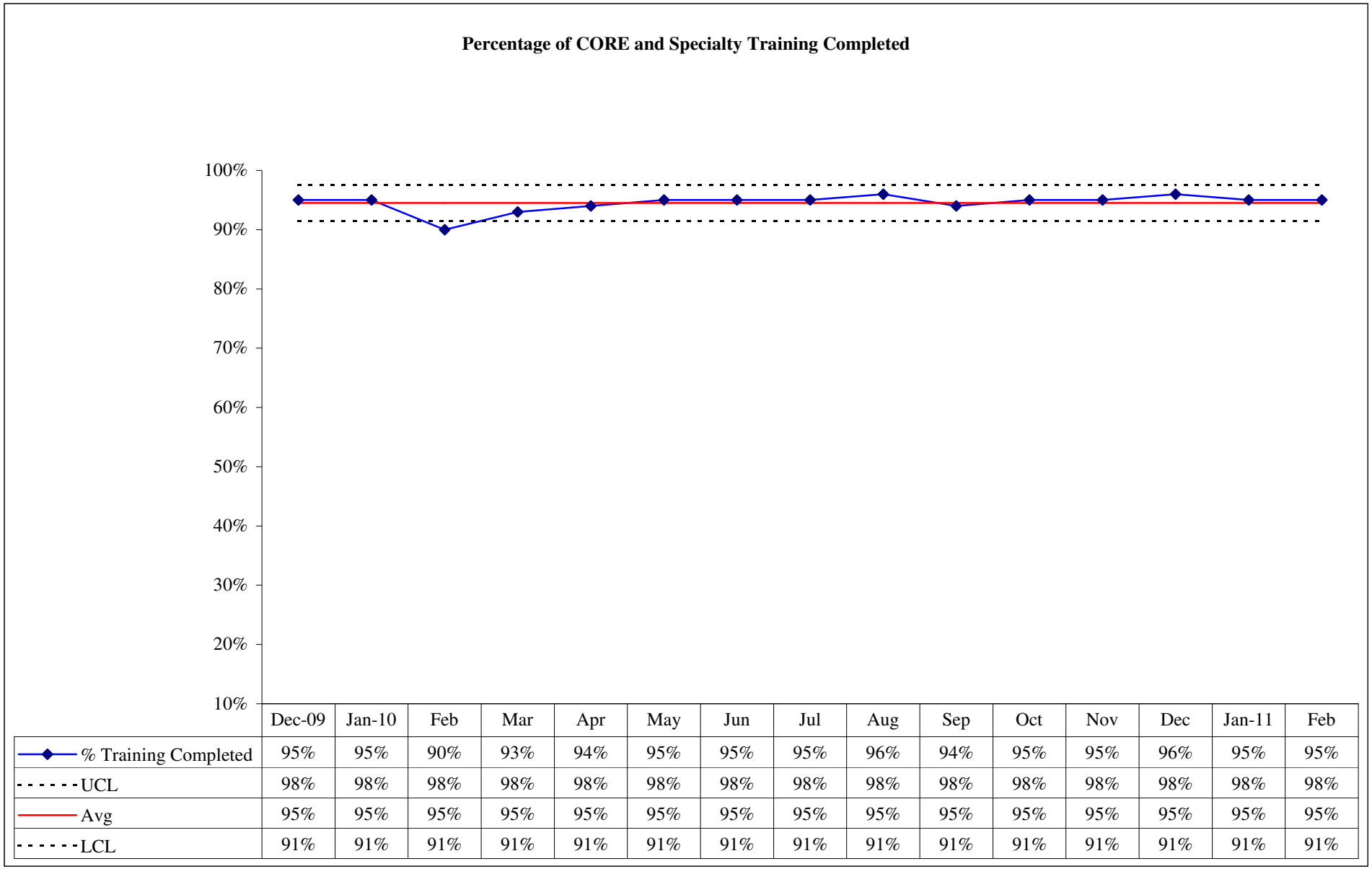


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TCID	TSH	WCFY
Q2 FY11	94%	94%	100%	96%	97%	95%	96%	91%	85%	96%	95%
Required Rate	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals

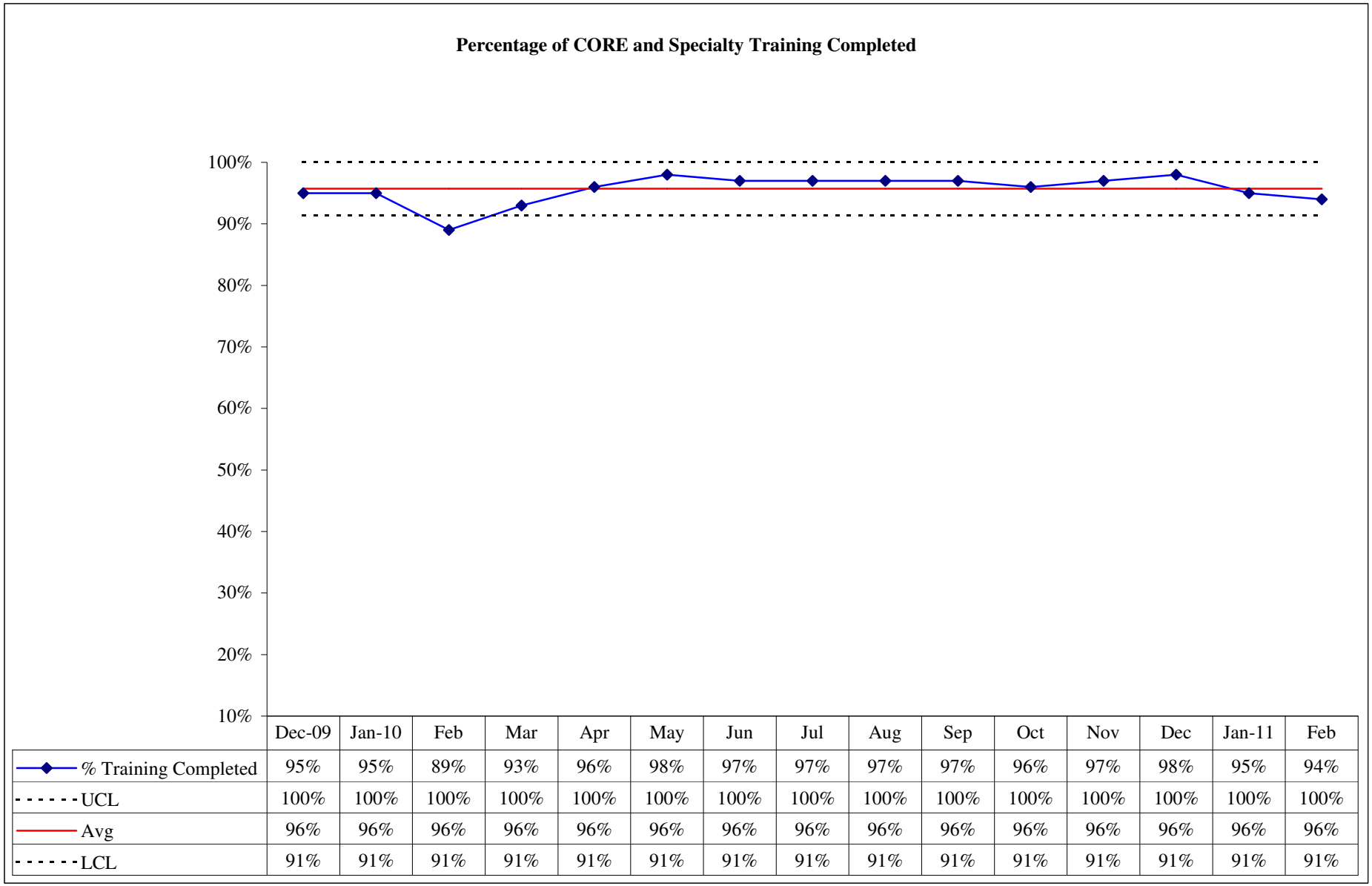


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	95%	95%	90%	93%	94%	95%	95%	95%	96%	94%	95%	95%	96%	95%	95%
UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Austin State Hospital



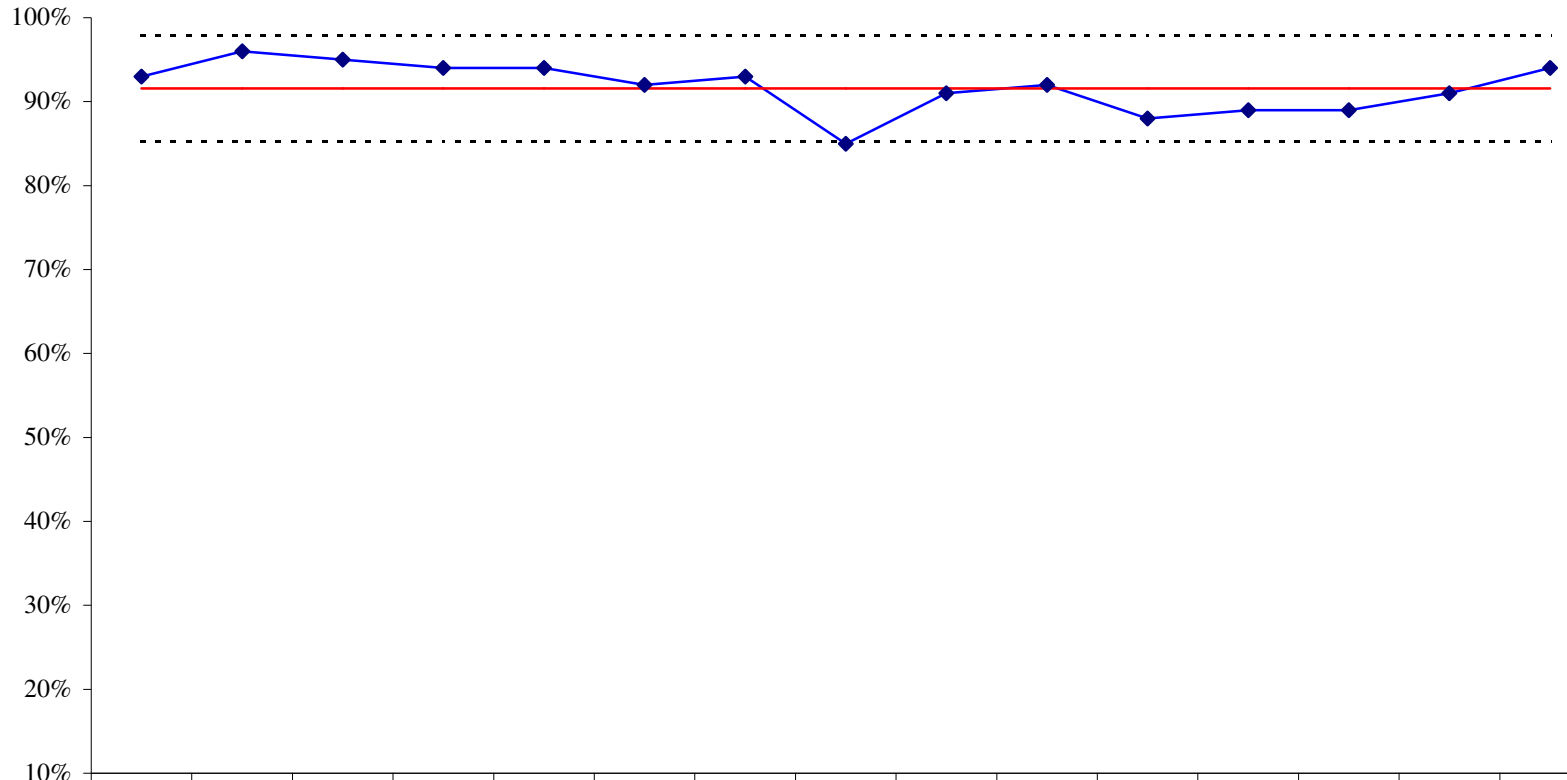
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	95%	95%	89%	93%	96%	98%	97%	97%	97%	97%	96%	97%	98%	95%	94%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Big Spring State Hospital

Percentage of CORE and Specialty Training Completed



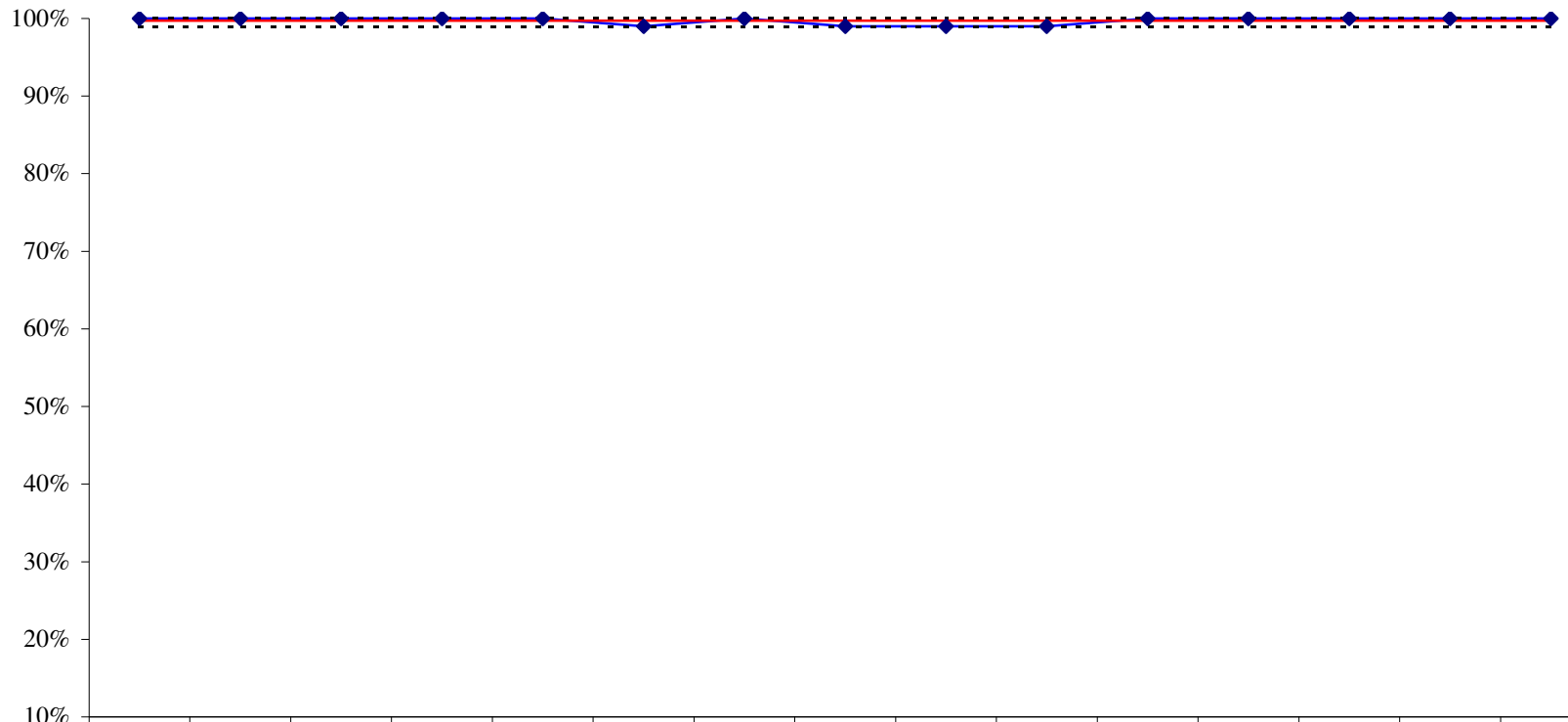
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	93%	96%	95%	94%	94%	92%	93%	85%	91%	92%	88%	89%	89%	91%	94%
UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
LCL	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
El Paso Psychiatric Center

Percentage of CORE and Specialty Training Completed

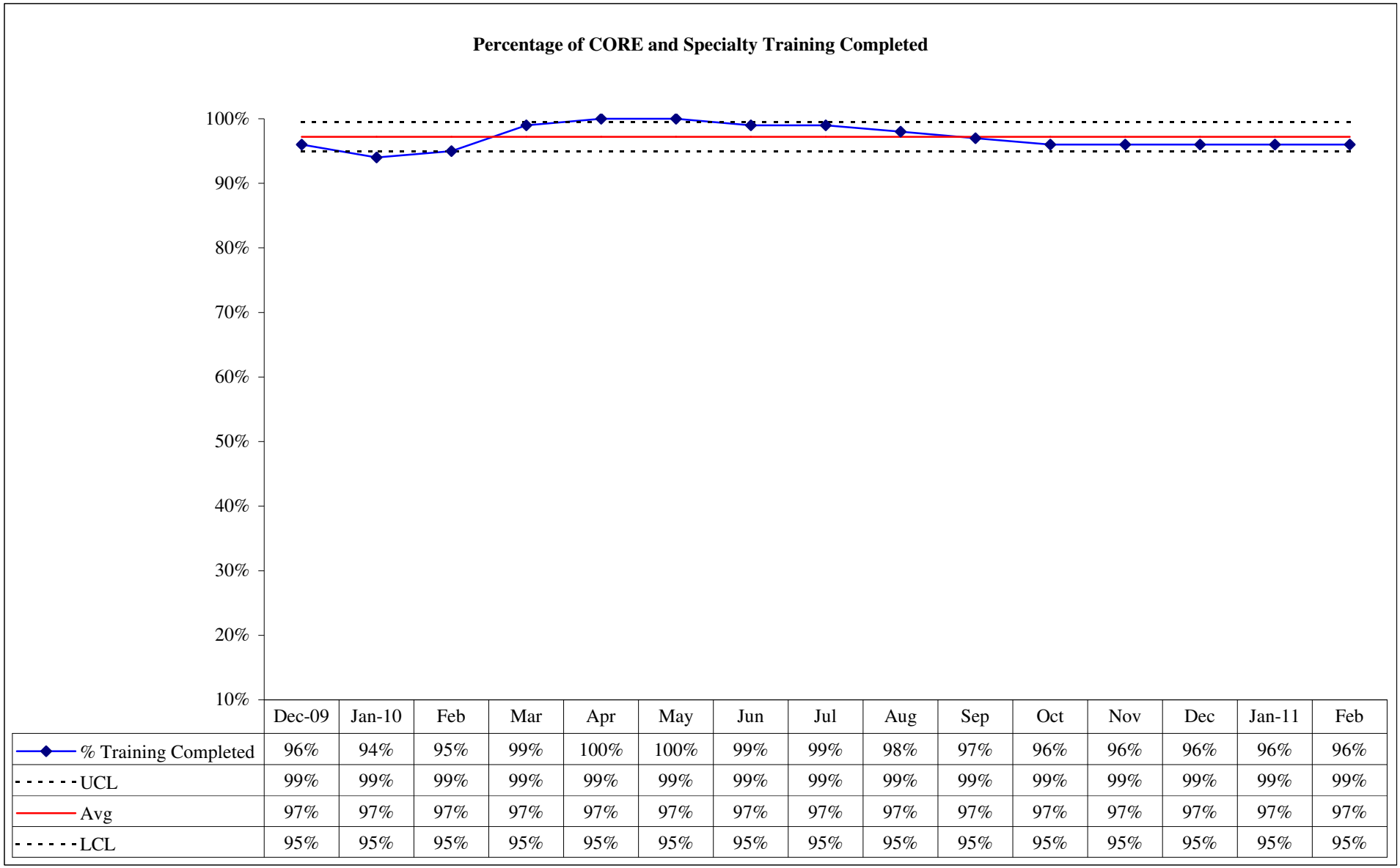


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	100%	100%	100%	100%	100%	99%	100%	99%	99%	99%	100%	100%	100%	100%	100%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
LCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Kerrville State Hospital



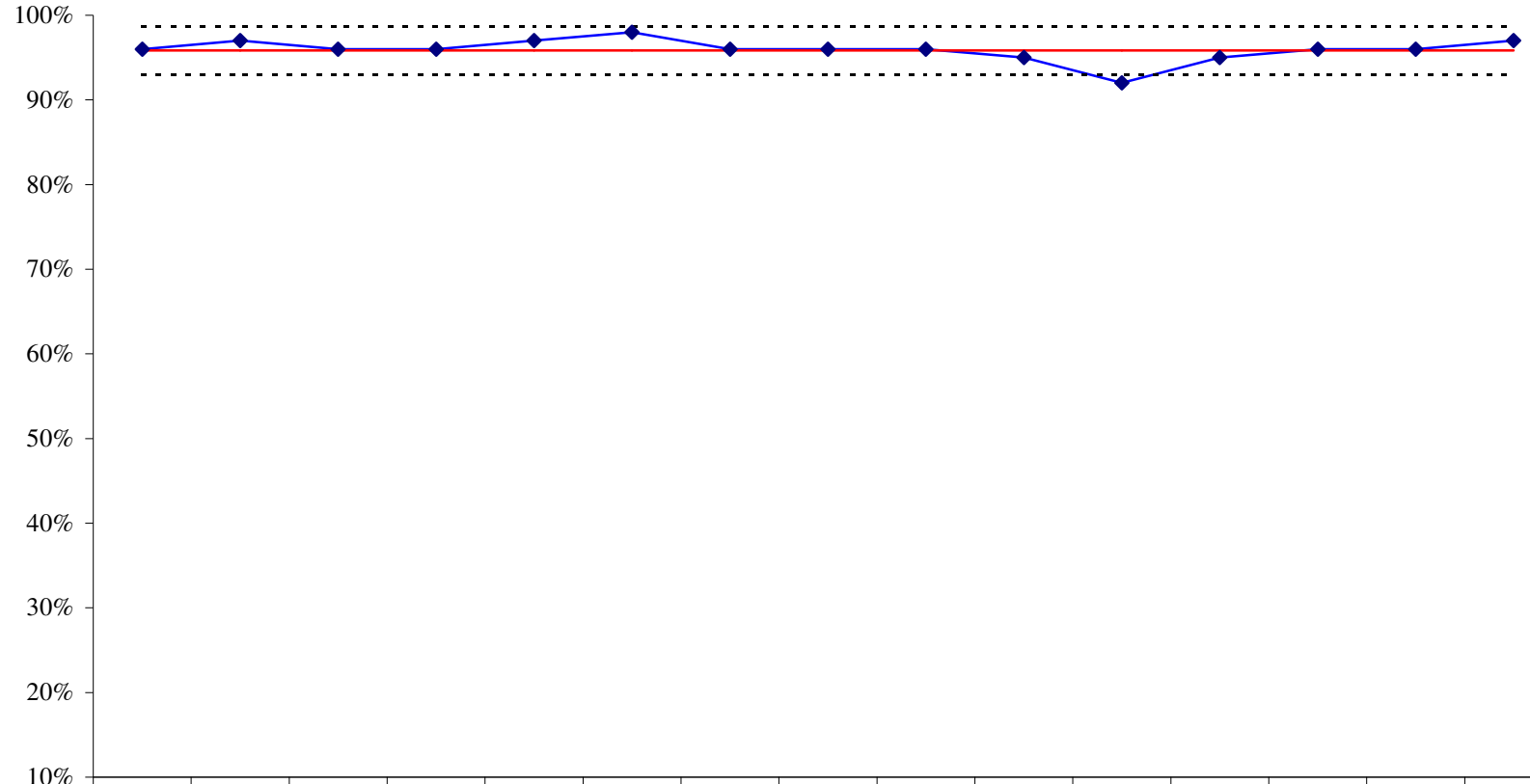
	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	96%	94%	95%	99%	100%	100%	99%	99%	98%	97%	96%	96%	96%	96%	96%
UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
LCL	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
North Texas State Hospital

Percentage of CORE and Specialty Training Completed

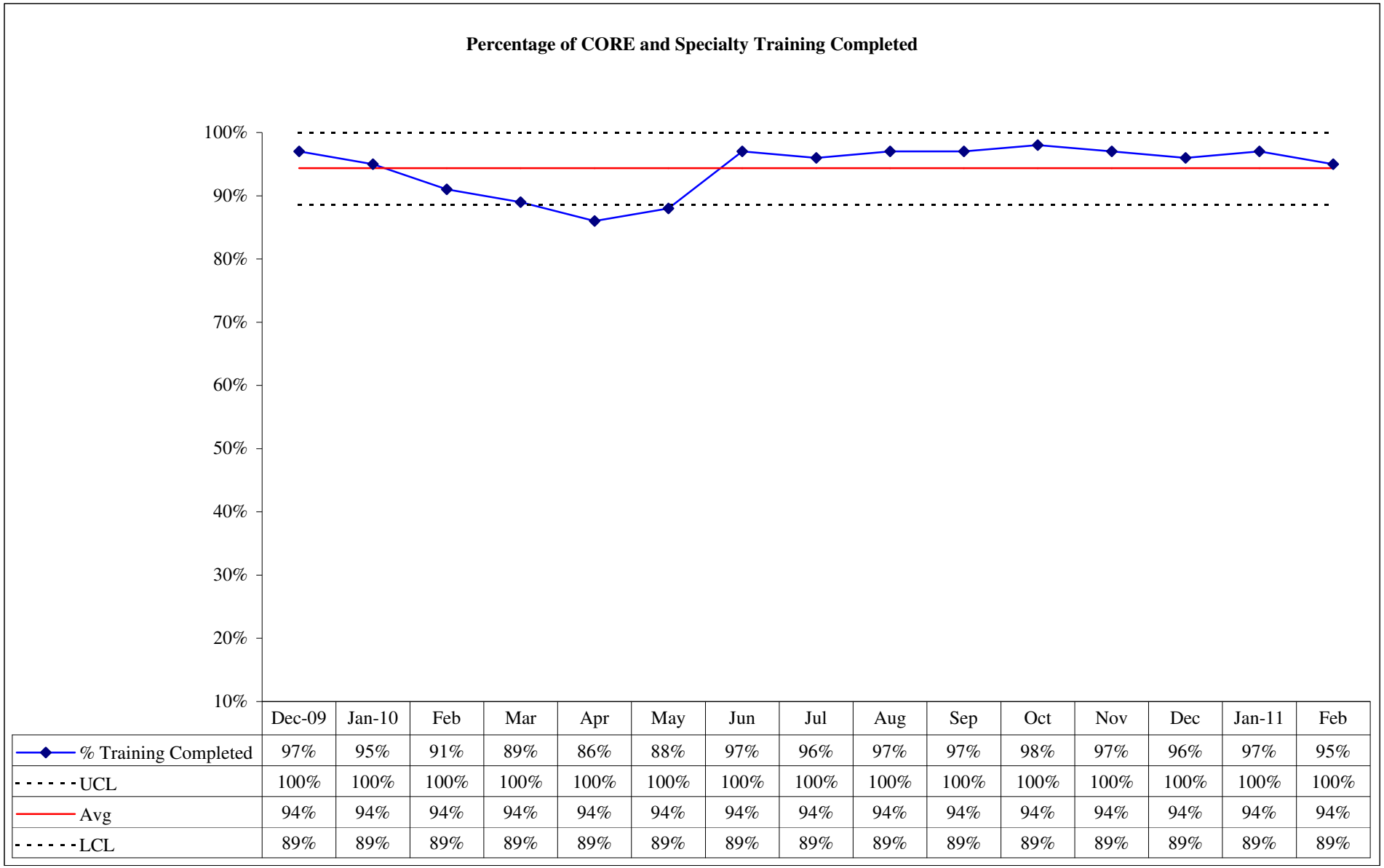


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	96%	97%	96%	96%	97%	98%	96%	96%	96%	95%	92%	95%	96%	96%	97%
UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Rio Grande State Center

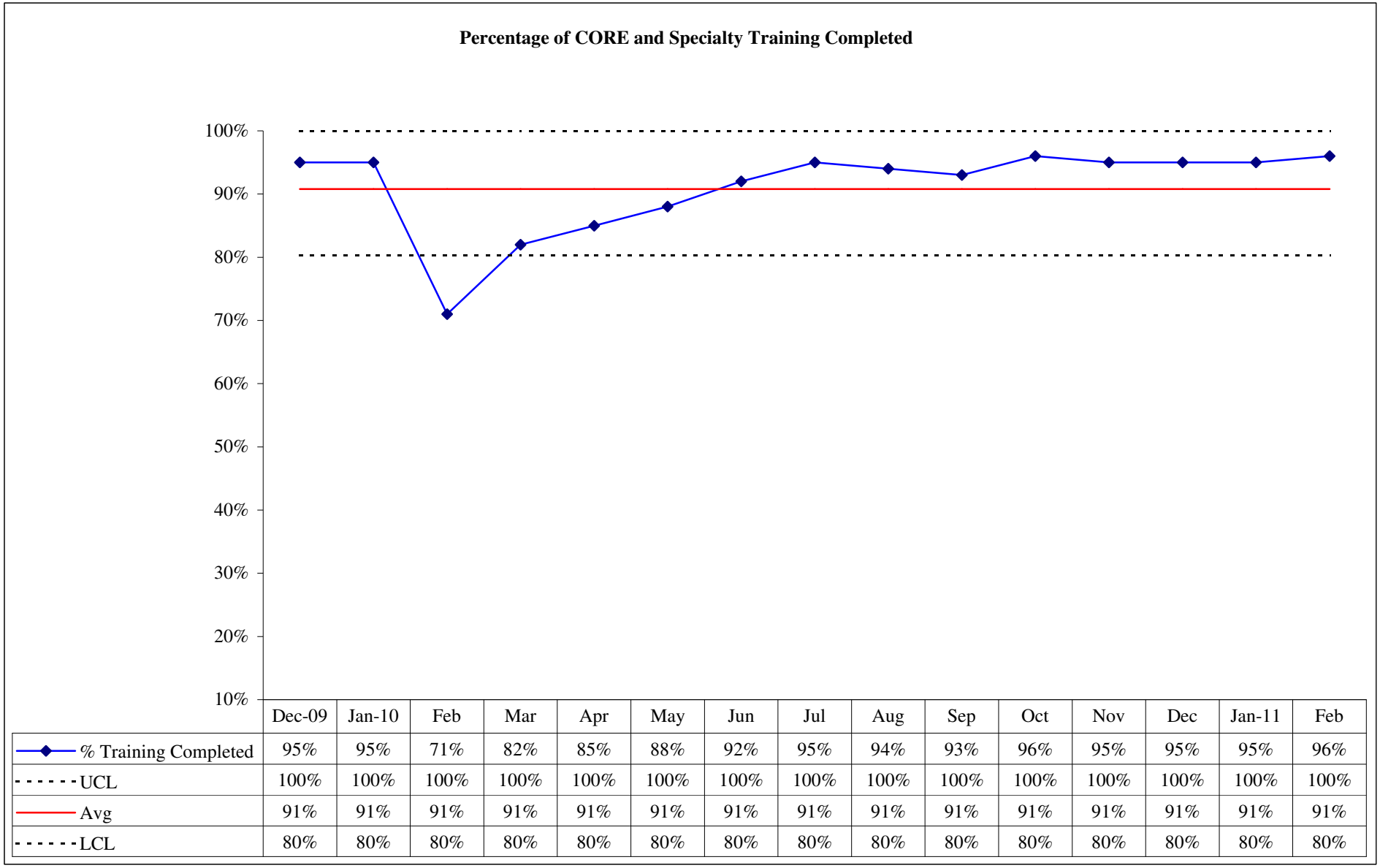


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	97%	95%	91%	89%	86%	88%	97%	96%	97%	97%	98%	97%	96%	97%	95%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
LCL	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Rusk State Hospital

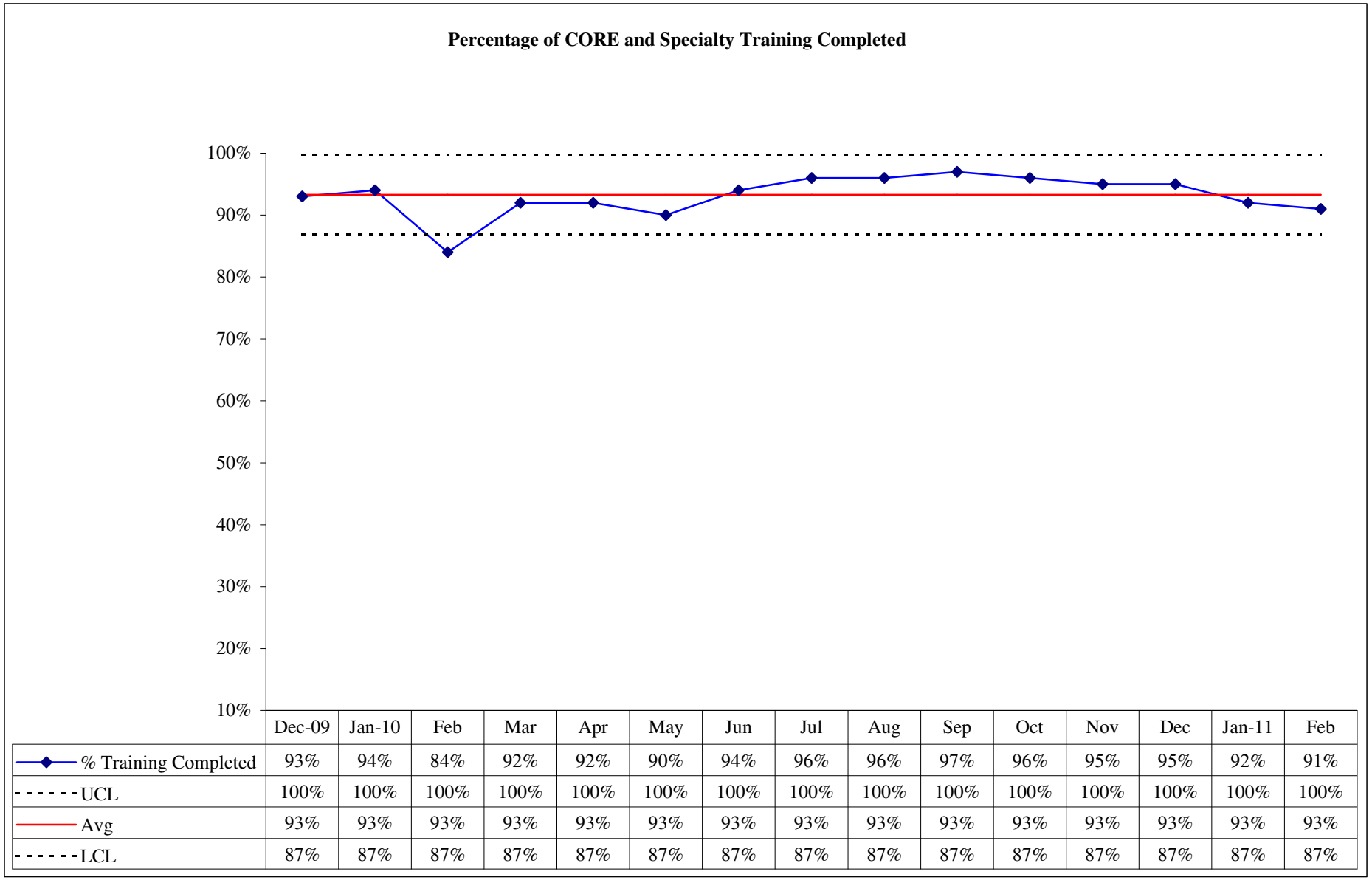


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	95%	95%	71%	82%	85%	88%	92%	95%	94%	93%	96%	95%	95%	95%	96%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%
LCL	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
San Antonio State Hospital

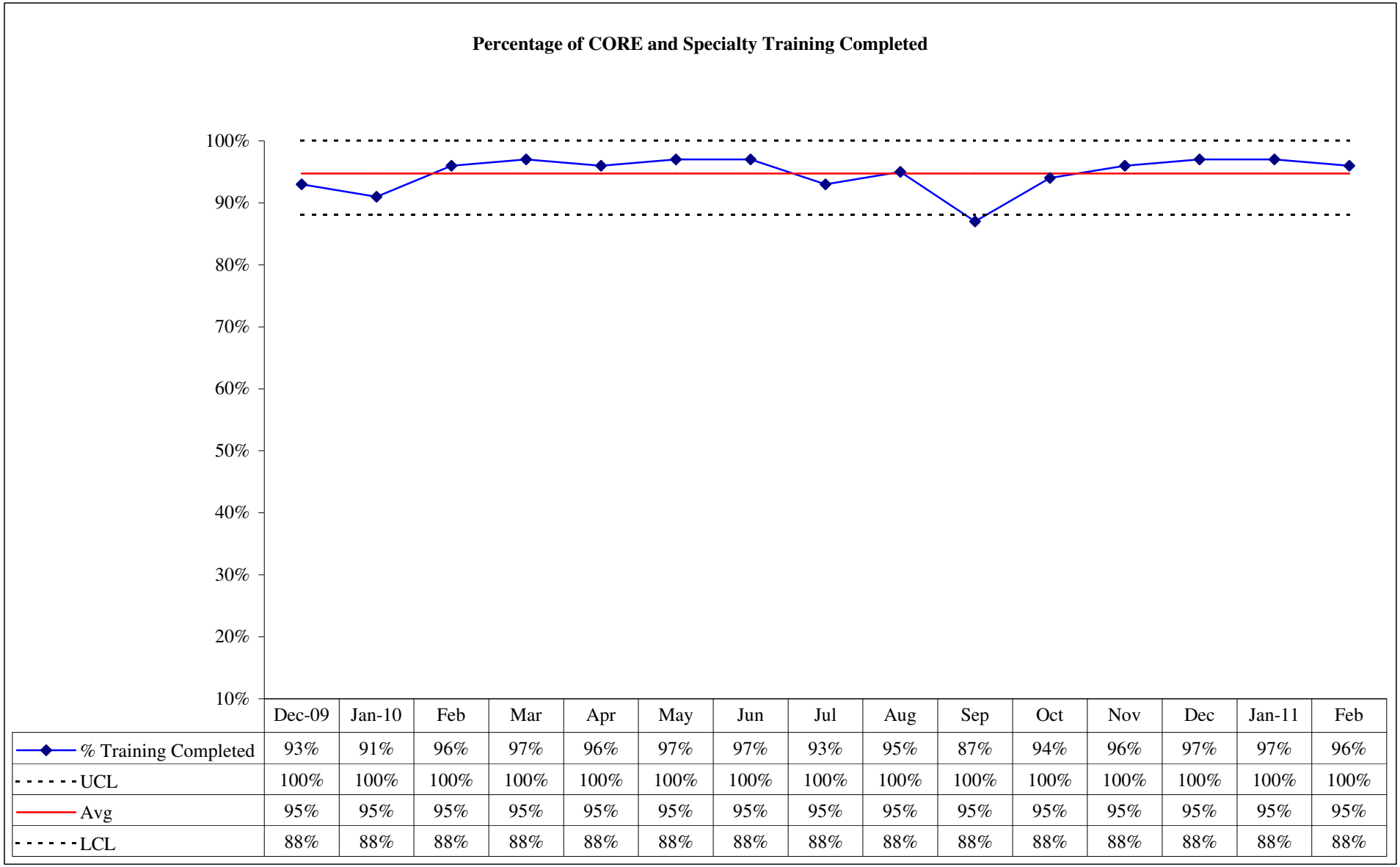


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	93%	94%	84%	92%	92%	90%	94%	96%	96%	97%	96%	95%	95%	92%	91%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
LCL	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Terrell State Hospital

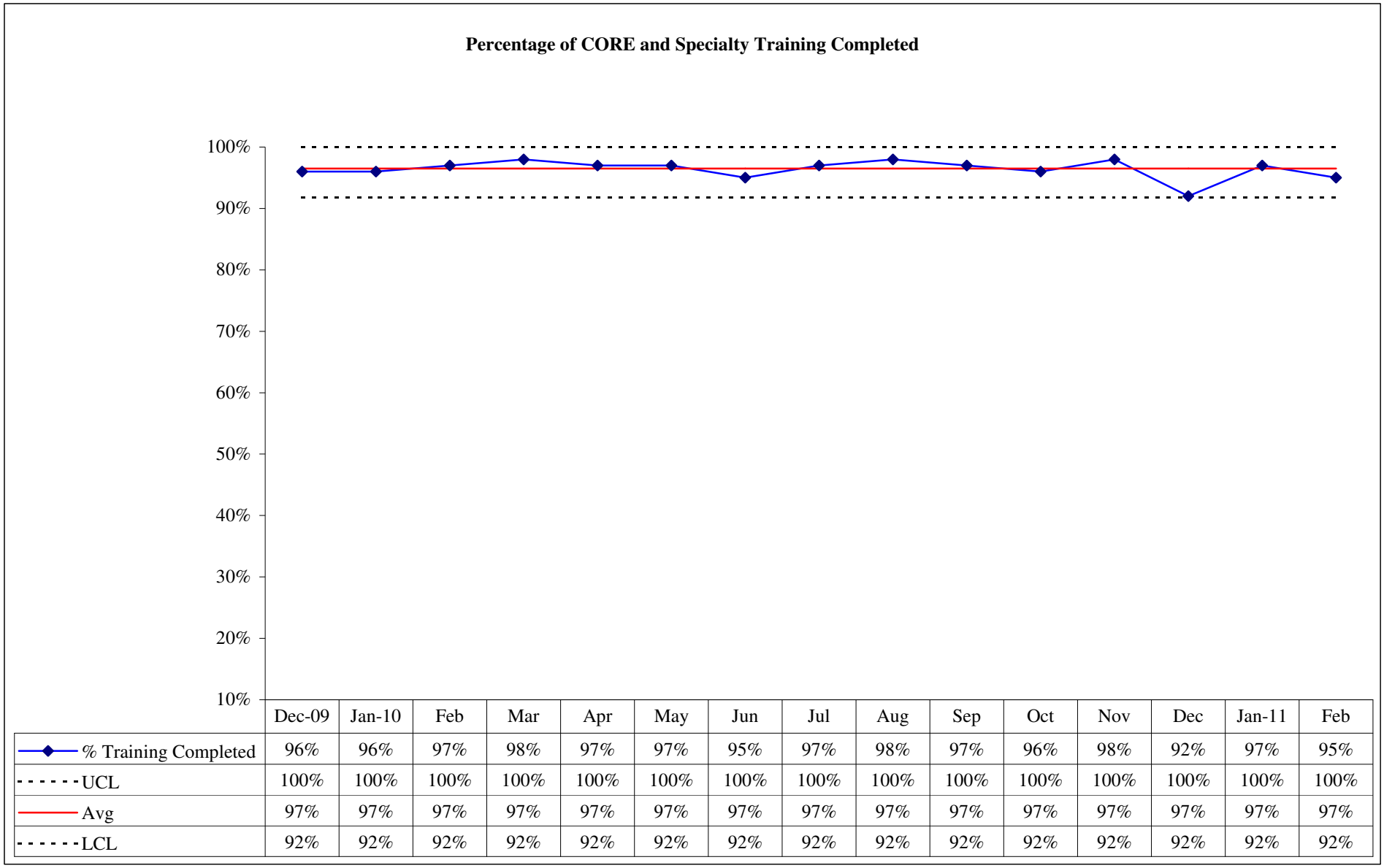


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	93%	91%	96%	97%	96%	97%	97%	93%	95%	87%	94%	96%	97%	97%	96%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
LCL	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Waco Center for Youth

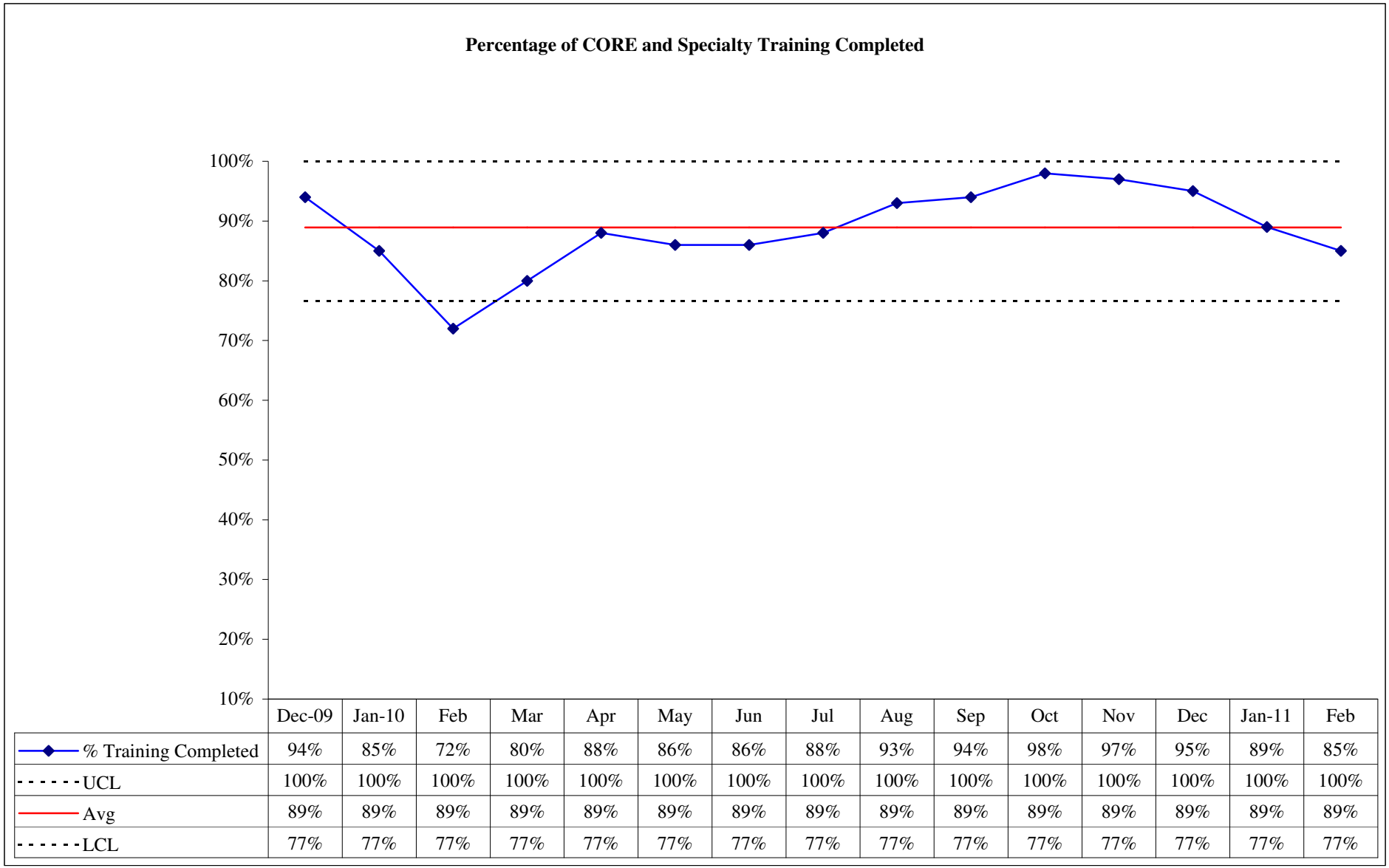


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	96%	96%	97%	98%	97%	97%	95%	97%	98%	97%	96%	98%	92%	97%	95%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Texas Center for Infectious Disease



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
% Training Completed	94%	85%	72%	80%	88%	86%	86%	88%	93%	94%	98%	97%	95%	89%	85%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
LCL	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Performance Objective 8B:

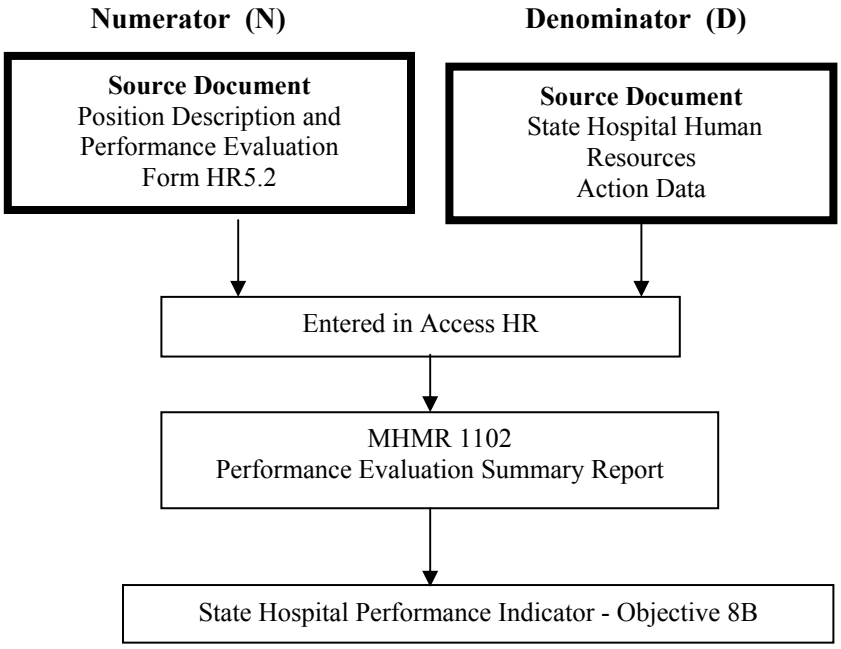
Achieve target of 95% of all staff having a current evaluation.

Performance Objective Operational Definition: The state hospital rate of up-to-date annual performance evaluations documented on the HR5.2 per month.

Performance Objective Formula:
Rate = rate of staff up-to-date with annual performance evaluations
N = number of employees with current evaluations on the last day of the month
D = number of active employees (people, not FTEs) on the last day of the month

Performance Objective Data Display and Chart Description:
Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



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Objective 8B - Staff Have Current Performance Evaluations
All State Hospitals

	Q1-FY10	Q2-FY10	Q3-FY10	Q4-FY10	Q1-FY11	Q2-FY11
Austin State Hospital	1%	0%	100%	100%	100%	97%
Big Spring State Hospital	94%	96%	99%	98%	99%	98%
El Paso Psychiatric Center	96%	95%	95%	90%	95%	80%
Kerrville State Hospital	92%	94%	93%	93%	92%	91%
North Texas State Hospital	94%	91%	93%	84%	81%	81%
Rio Grande State Center	90%	85%	87%	91%	82%	80%
Rusk State Hospital	100%	95%	95%	90%	96%	95%
San Antonio State Hospital		94%	95%	94%	87%	74%
Terrell State Hospital	60%	74%	75%	69%	85%	93%
Waco Center for Youth		95%	96%	96%	96%	96%
TCID		89%	91%	92%	91%	
All State Hospitals			93%	91%	91%	88%

Table: Hospital Management Data Services

Source: Facility Report

Performance Measure 8A:

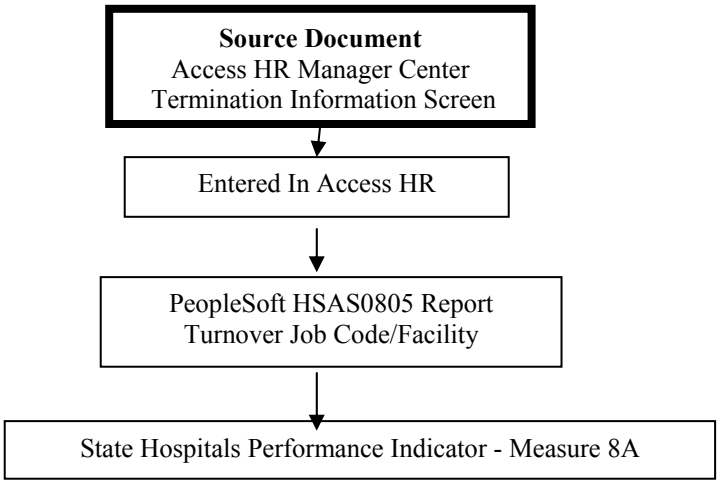
Collect, analyze and report staff turnover rates for critical shortage staff.

Performance Measure Operational Definition: The state hospital turnover rate for critical shortage staff will be available. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

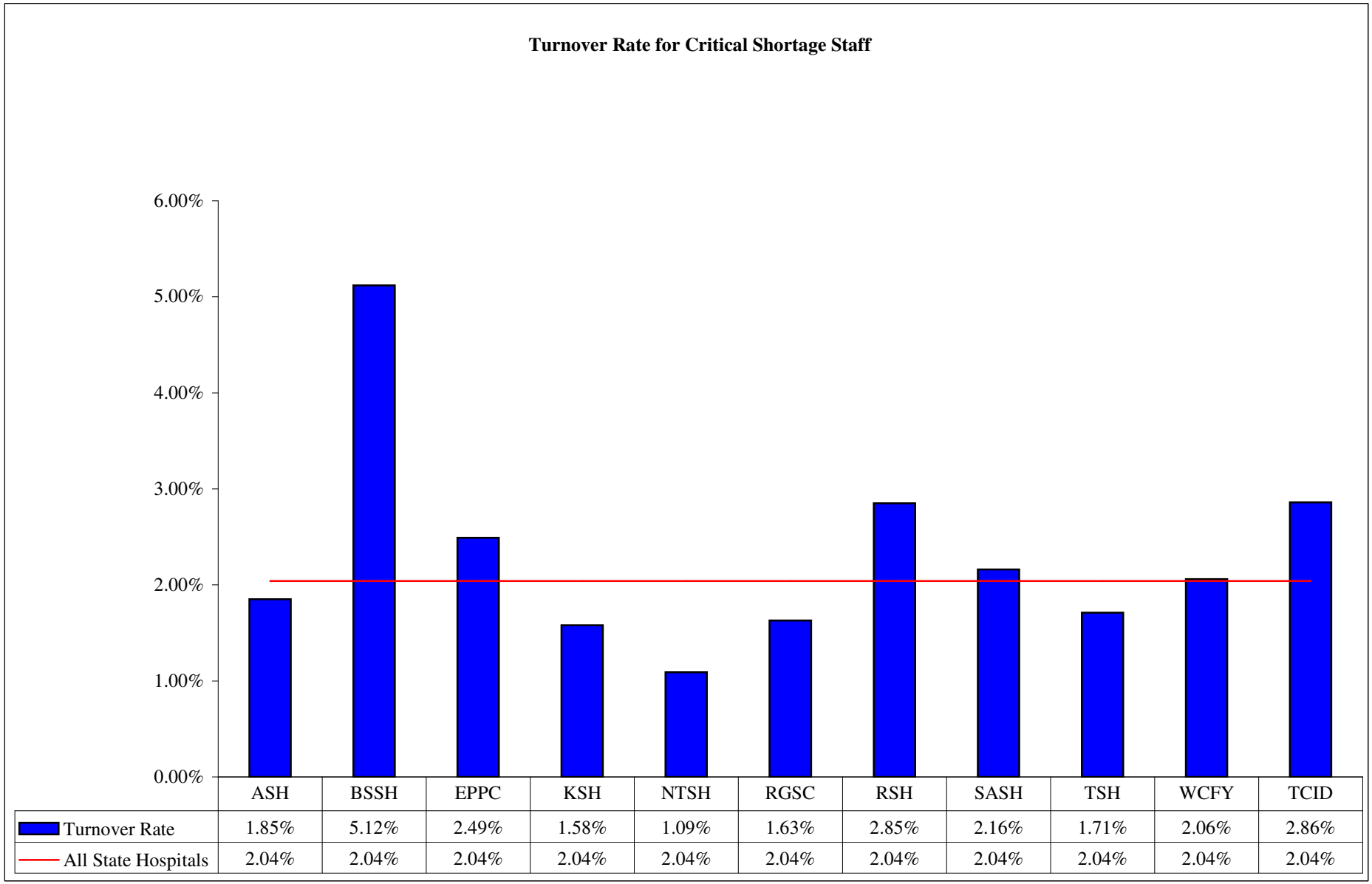
Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

Performance Measure Data Display and Chart Description:
Chart with monthly data points of turnover rate for individual state hospitals and system-wide.

Data Flow:



Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - As of February 28, 2011

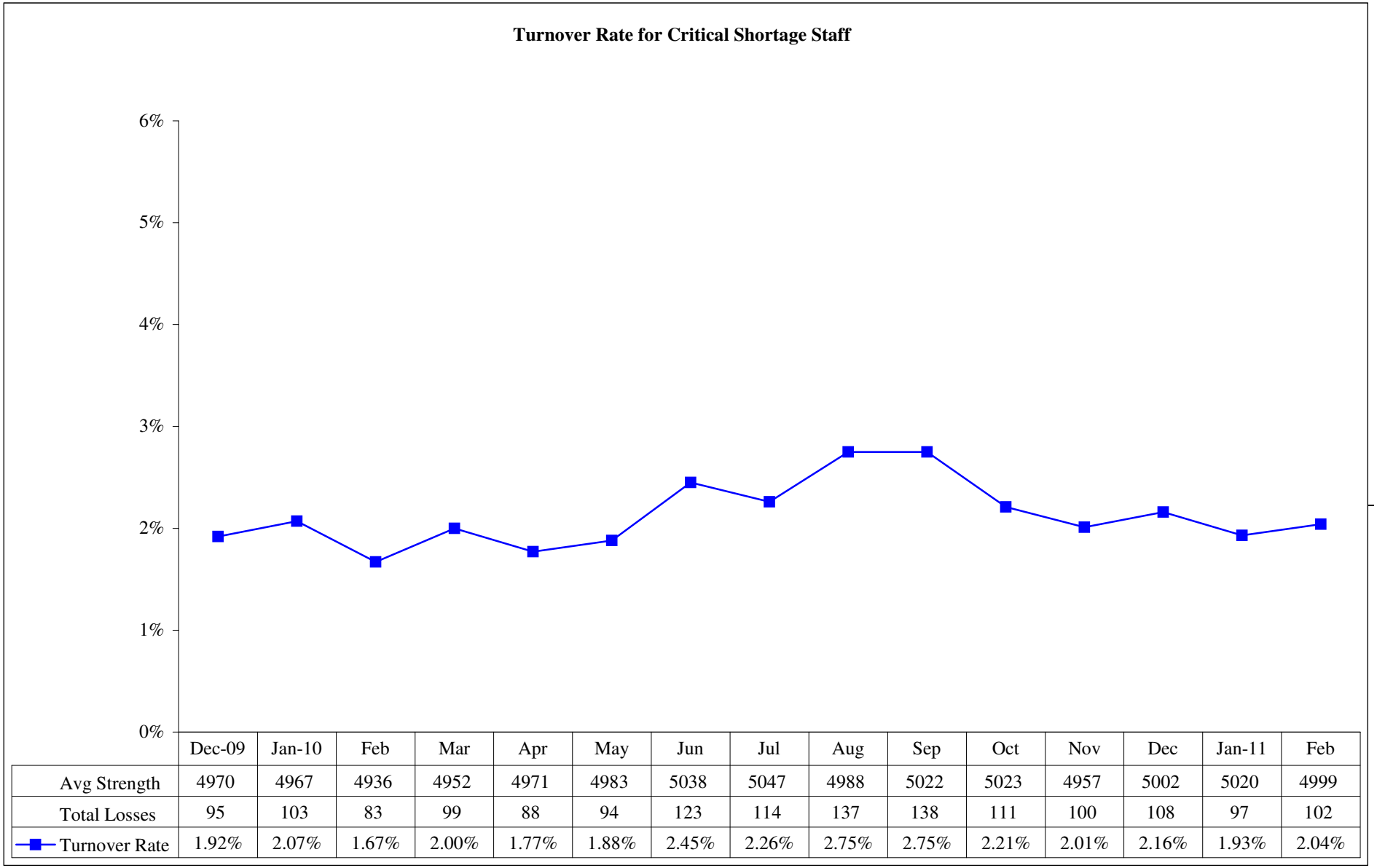


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	TCID
Turnover Rate	1.85%	5.12%	2.49%	1.58%	1.09%	1.63%	2.85%	2.16%	1.71%	2.06%	2.86%
All State Hospitals	2.04%	2.04%	2.04%	2.04%	2.04%	2.04%	2.04%	2.04%	2.04%	2.04%	2.04%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals

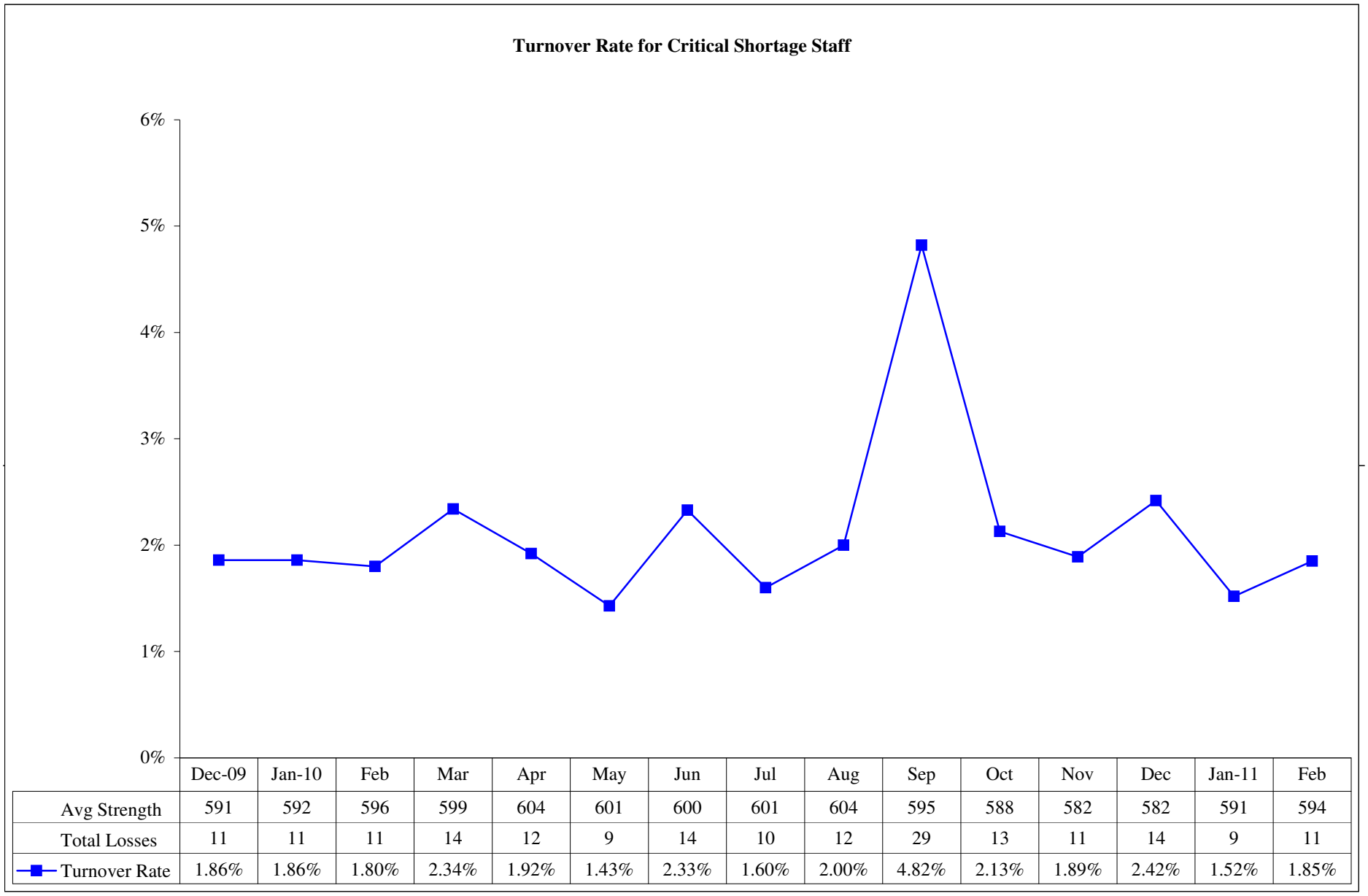


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	4970	4967	4936	4952	4971	4983	5038	5047	4988	5022	5023	4957	5002	5020	4999
Total Losses	95	103	83	99	88	94	123	114	137	138	111	100	108	97	102
Turnover Rate	1.92%	2.07%	1.67%	2.00%	1.77%	1.88%	2.45%	2.26%	2.75%	2.75%	2.21%	2.01%	2.16%	1.93%	2.04%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital

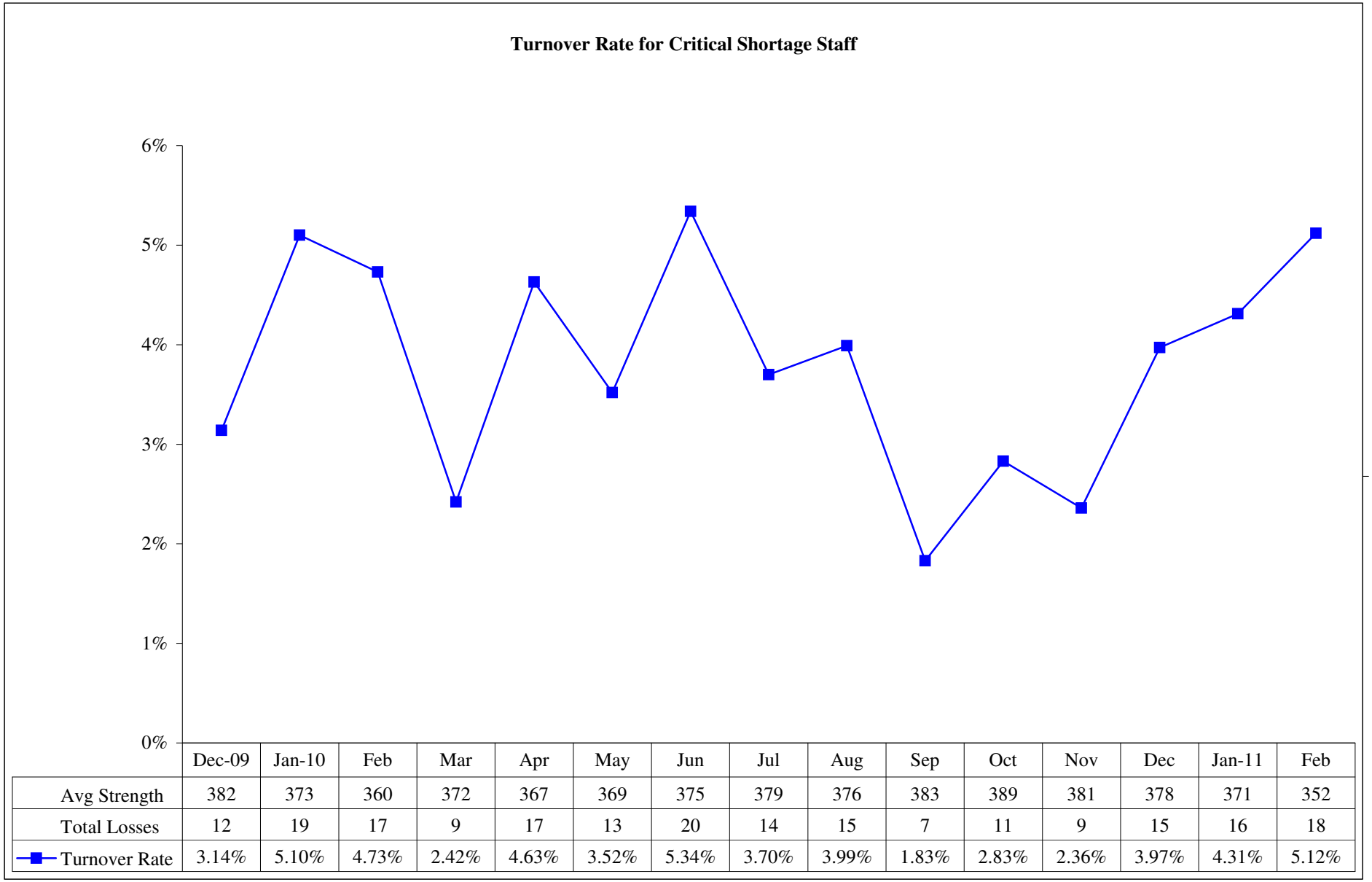


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	591	592	596	599	604	601	600	601	604	595	588	582	582	591	594
Total Losses	11	11	11	14	12	9	14	10	12	29	13	11	14	9	11
Turnover Rate	1.86%	1.86%	1.80%	2.34%	1.92%	1.43%	2.33%	1.60%	2.00%	4.82%	2.13%	1.89%	2.42%	1.52%	1.85%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital

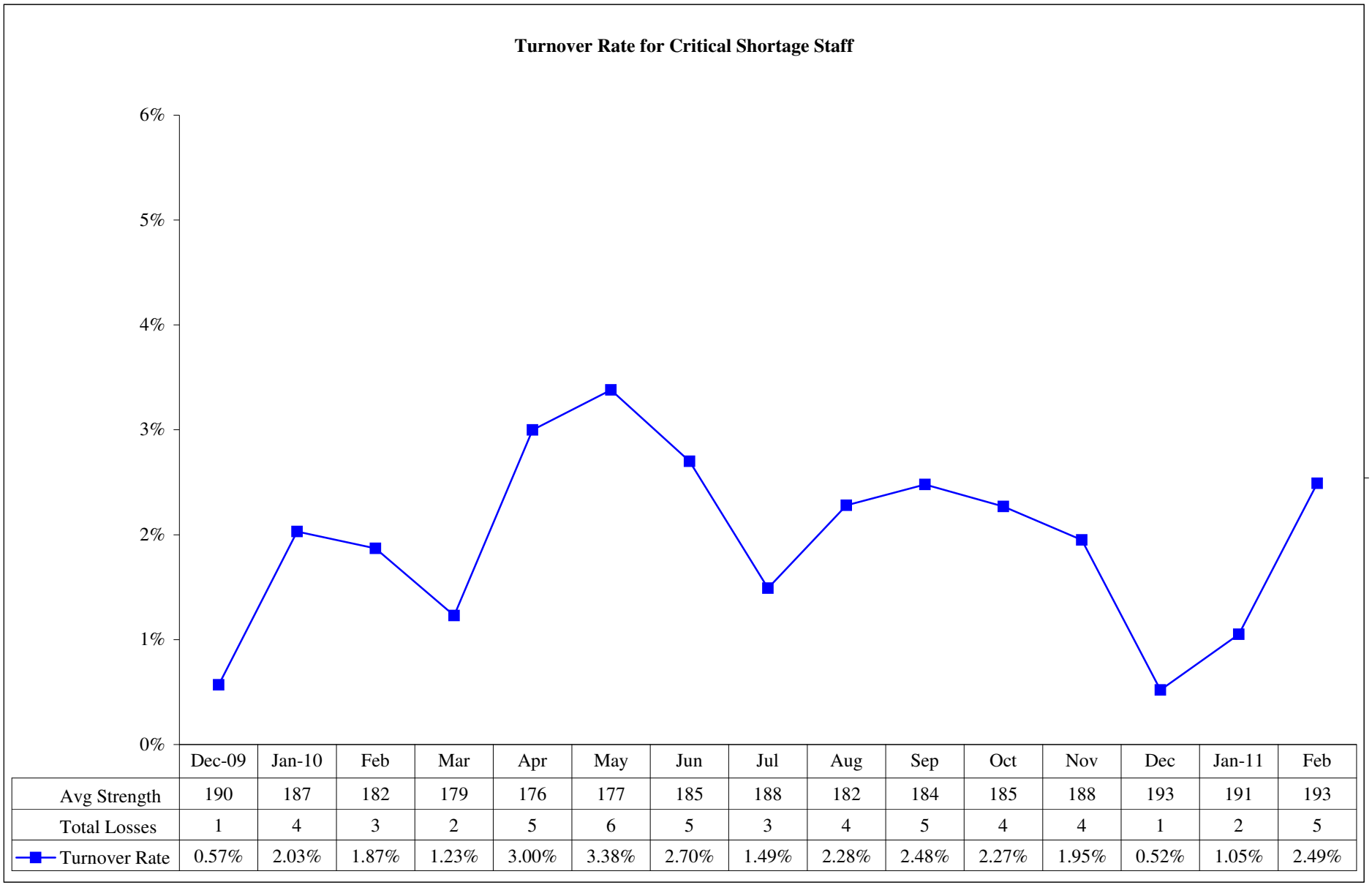


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	382	373	360	372	367	369	375	379	376	383	389	381	378	371	352
Total Losses	12	19	17	9	17	13	20	14	15	7	11	9	15	16	18
Turnover Rate	3.14%	5.10%	4.73%	2.42%	4.63%	3.52%	5.34%	3.70%	3.99%	1.83%	2.83%	2.36%	3.97%	4.31%	5.12%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
El Paso Psychiatric Center

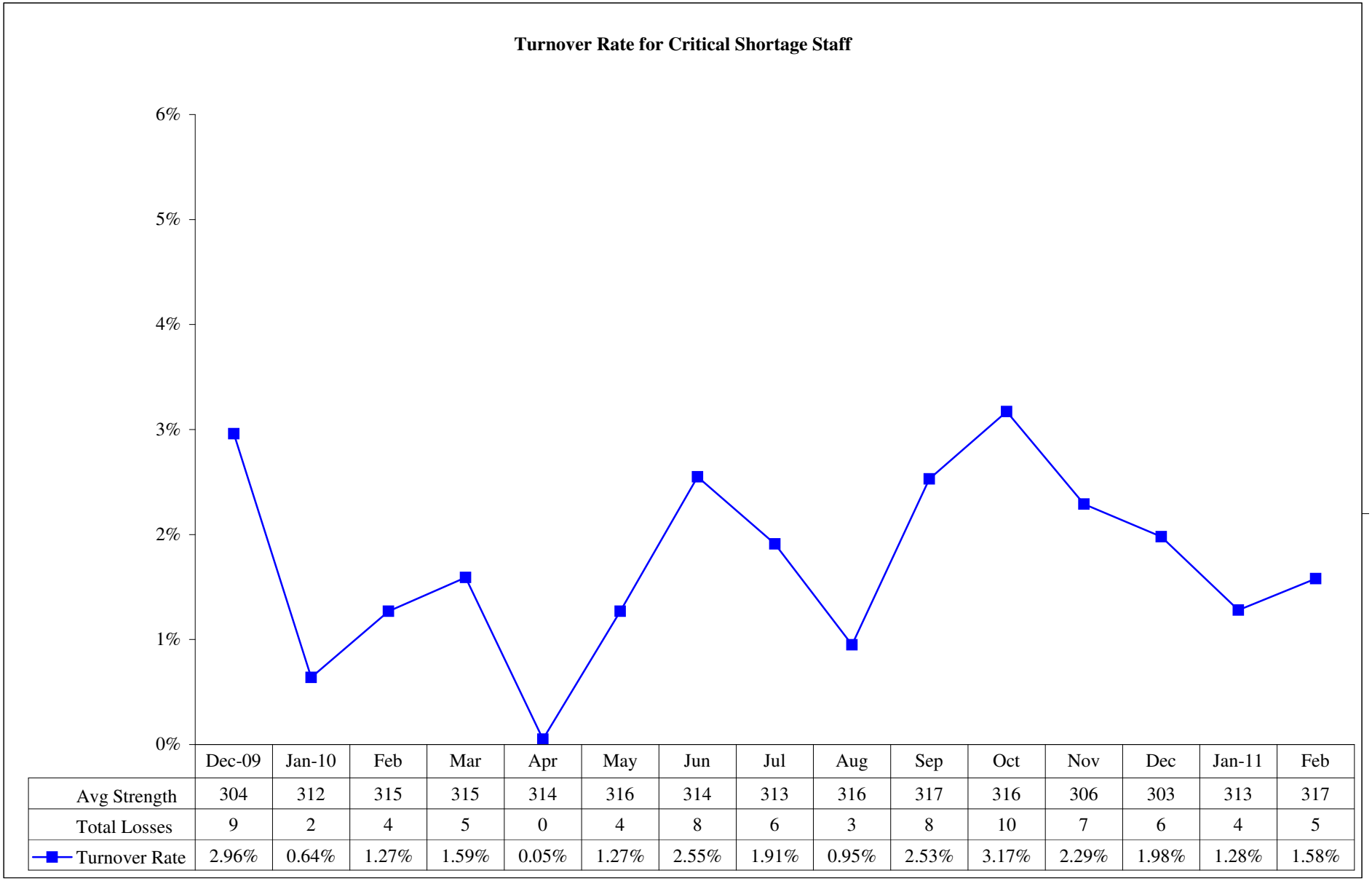


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	190	187	182	179	176	177	185	188	182	184	185	188	193	191	193
Total Losses	1	4	3	2	5	6	5	3	4	5	4	4	1	2	5
Turnover Rate	0.57%	2.03%	1.87%	1.23%	3.00%	3.38%	2.70%	1.49%	2.28%	2.48%	2.27%	1.95%	0.52%	1.05%	2.49%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Kerrville State Hospital

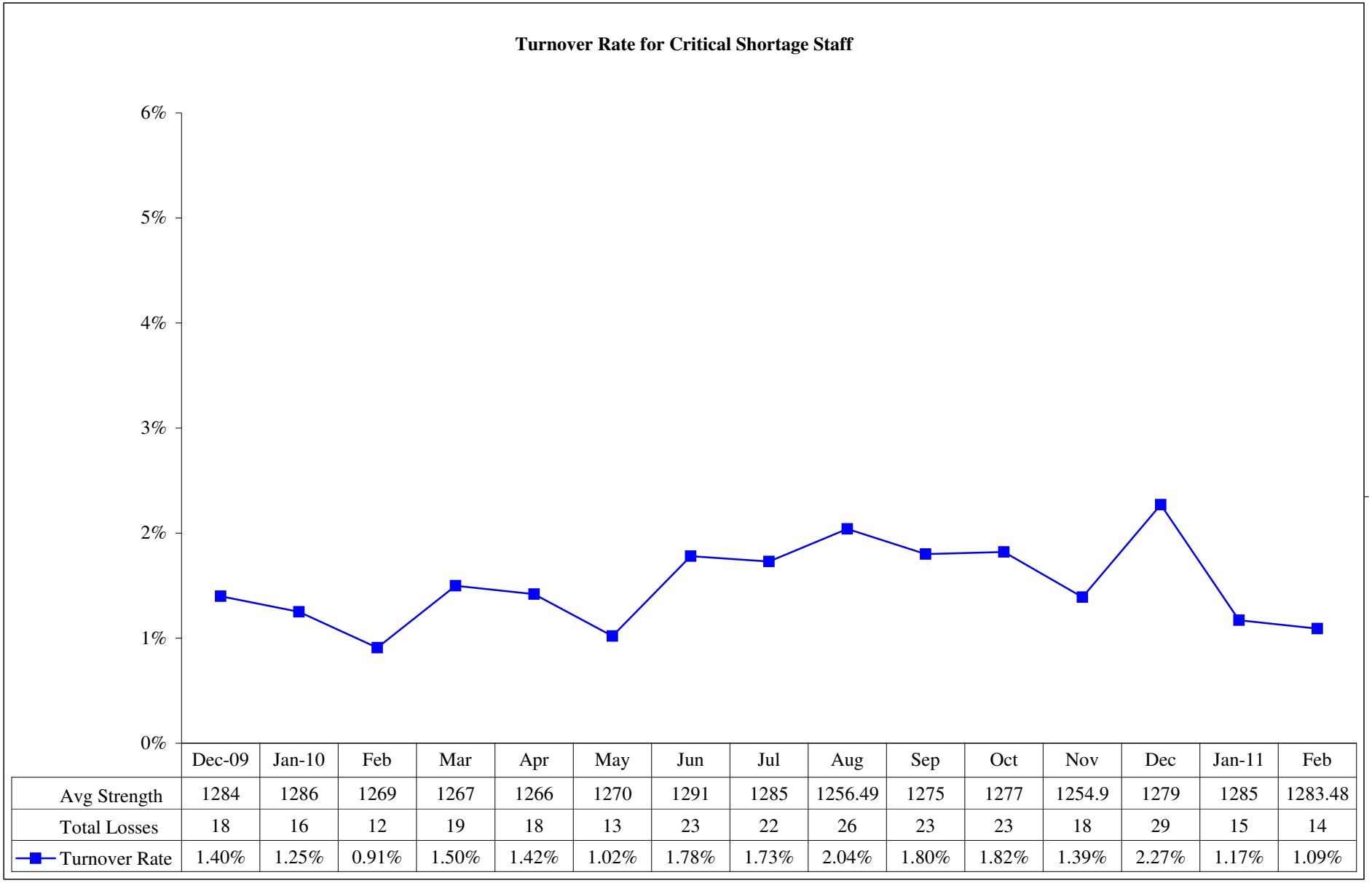


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	304	312	315	315	314	316	314	313	316	317	316	306	303	313	317
Total Losses	9	2	4	5	0	4	8	6	3	8	10	7	6	4	5
Turnover Rate	2.96%	0.64%	1.27%	1.59%	0.05%	1.27%	2.55%	1.91%	0.95%	2.53%	3.17%	2.29%	1.98%	1.28%	1.58%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
North Texas State Hospital

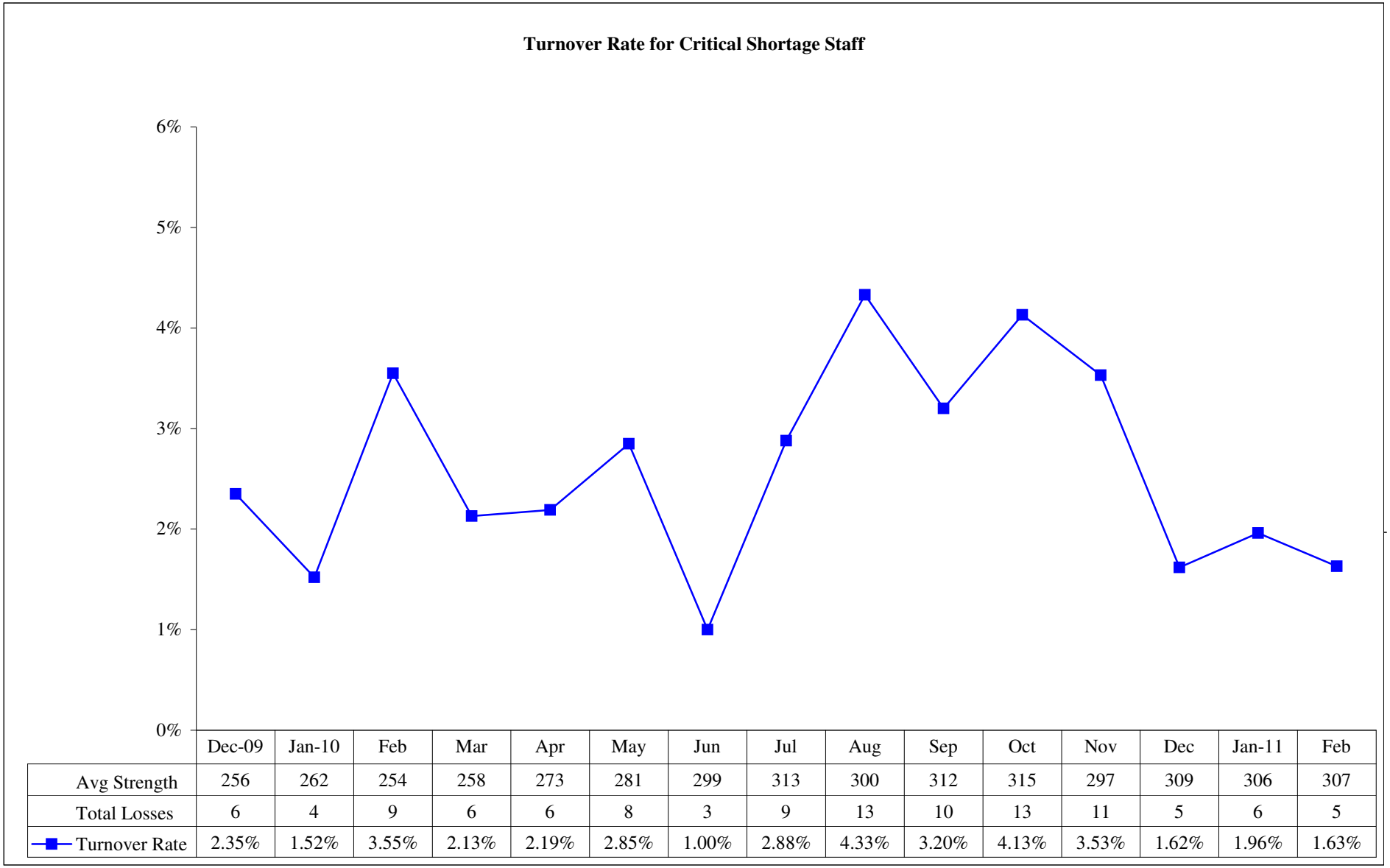


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	1284	1286	1269	1267	1266	1270	1291	1285	1256.49	1275	1277	1254.9	1279	1285	1283.48
Total Losses	18	16	12	19	18	13	23	22	26	23	23	18	29	15	14
Turnover Rate	1.40%	1.25%	0.91%	1.50%	1.42%	1.02%	1.78%	1.73%	2.04%	1.80%	1.82%	1.39%	2.27%	1.17%	1.09%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center

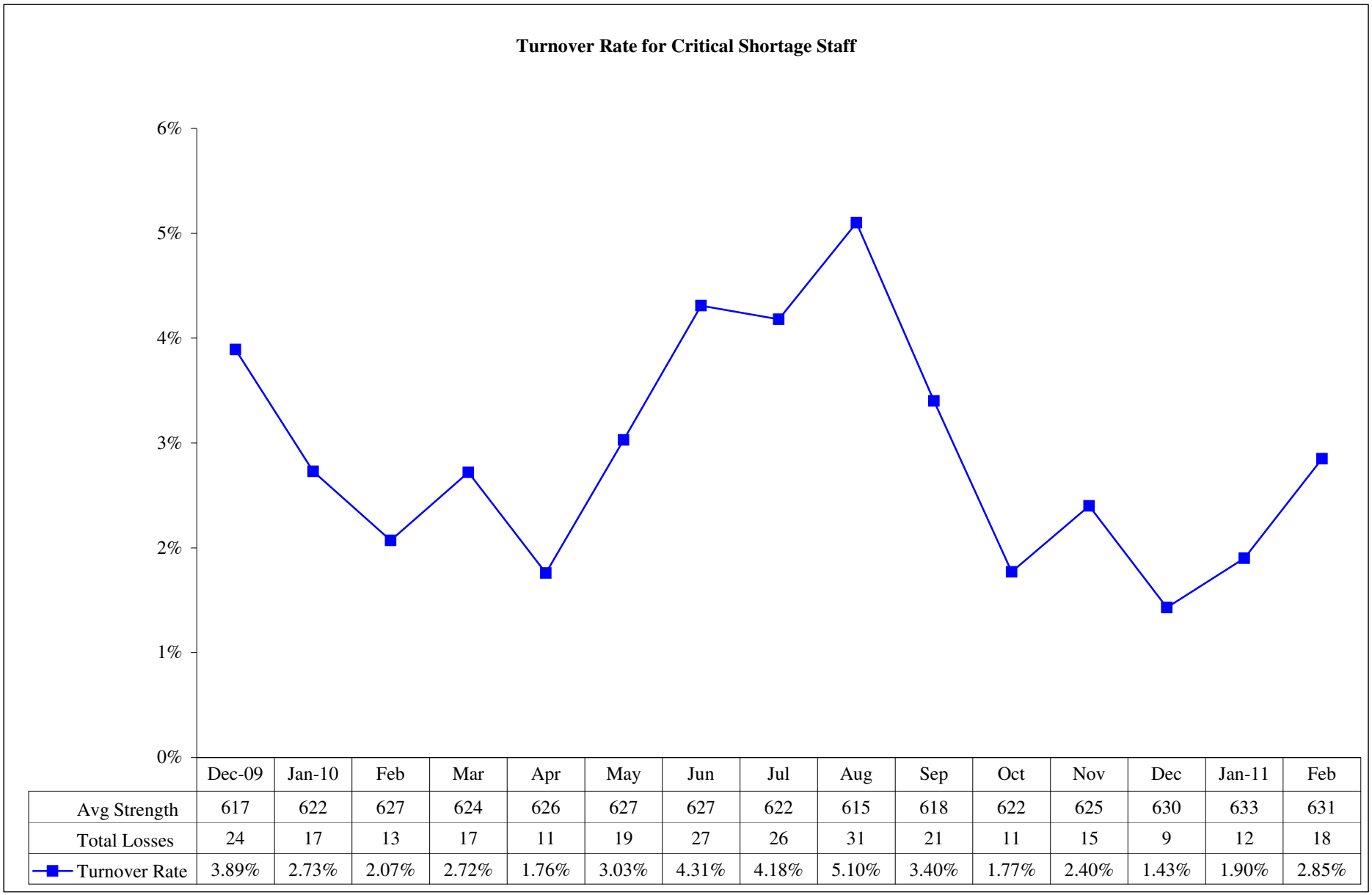


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	256	262	254	258	273	281	299	313	300	312	315	297	309	306	307
Total Losses	6	4	9	6	6	8	3	9	13	10	13	11	5	6	5
Turnover Rate	2.35%	1.52%	3.55%	2.13%	2.19%	2.85%	1.00%	2.88%	4.33%	3.20%	4.13%	3.53%	1.62%	1.96%	1.63%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital

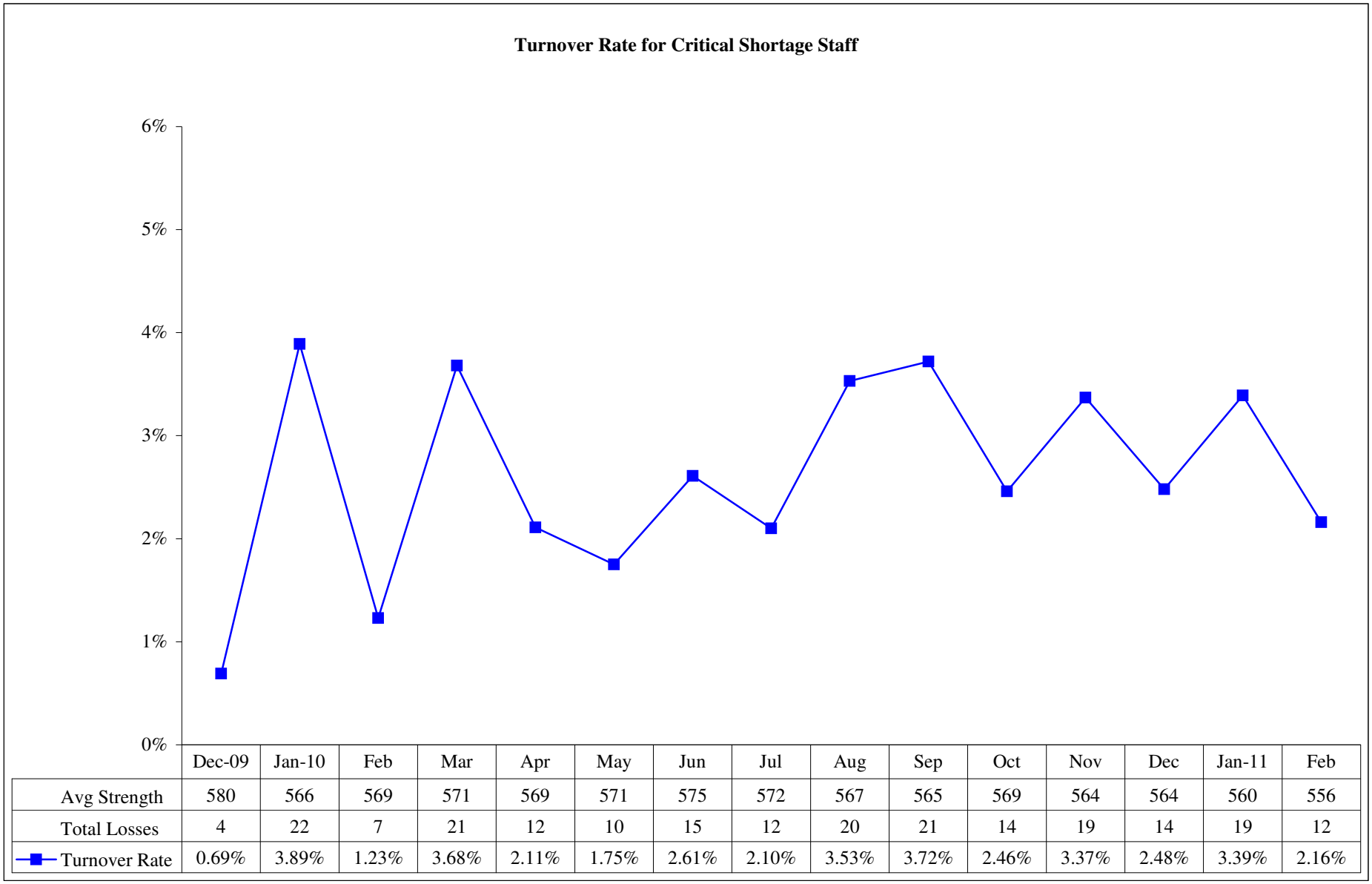


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	617	622	627	624	626	627	627	622	615	618	622	625	630	633	631
Total Losses	24	17	13	17	11	19	27	26	31	21	11	15	9	12	18
Turnover Rate	3.89%	2.73%	2.07%	2.72%	1.76%	3.03%	4.31%	4.18%	5.10%	3.40%	1.77%	2.40%	1.43%	1.90%	2.85%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital

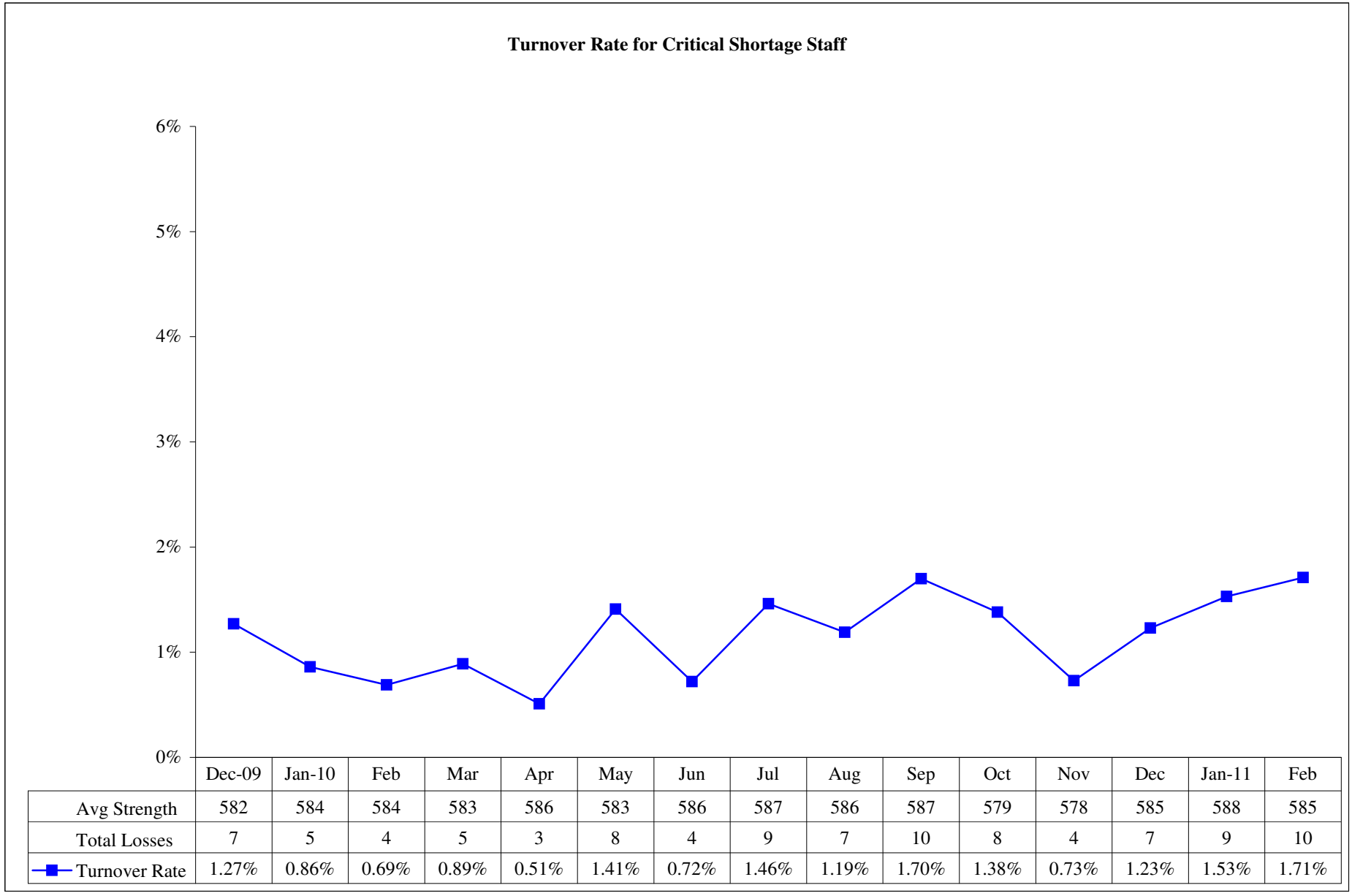


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	580	566	569	571	569	571	575	572	567	565	569	564	564	560	556
Total Losses	4	22	7	21	12	10	15	12	20	21	14	19	14	19	12
Turnover Rate	0.69%	3.89%	1.23%	3.68%	2.11%	1.75%	2.61%	2.10%	3.53%	3.72%	2.46%	3.37%	2.48%	3.39%	2.16%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital

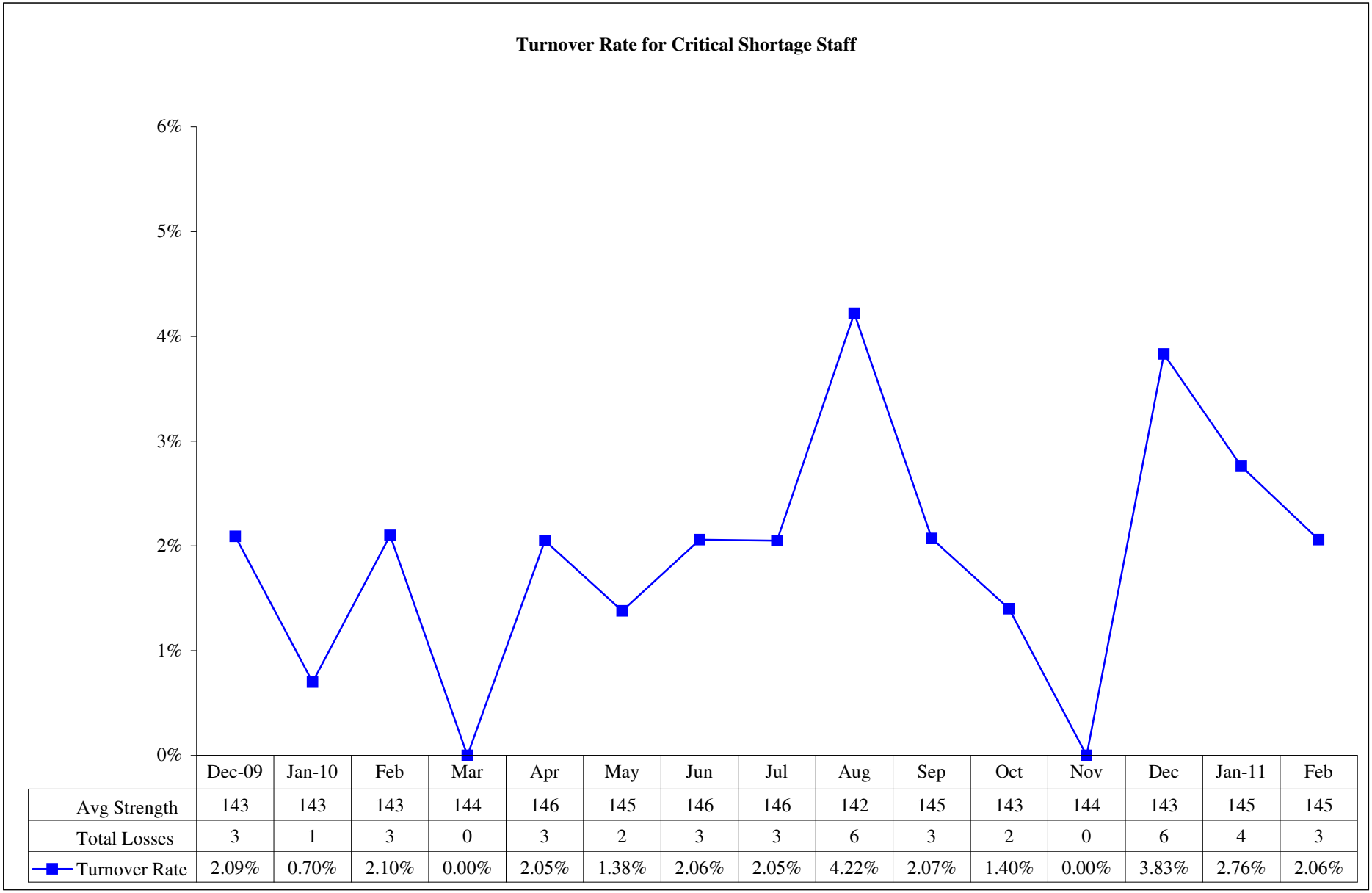


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	582	584	584	583	586	583	586	587	586	587	579	578	585	588	585
Total Losses	7	5	4	5	3	8	4	9	7	10	8	4	7	9	10
Turnover Rate	1.27%	0.86%	0.69%	0.89%	0.51%	1.41%	0.72%	1.46%	1.19%	1.70%	1.38%	0.73%	1.23%	1.53%	1.71%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Waco Center for Youth

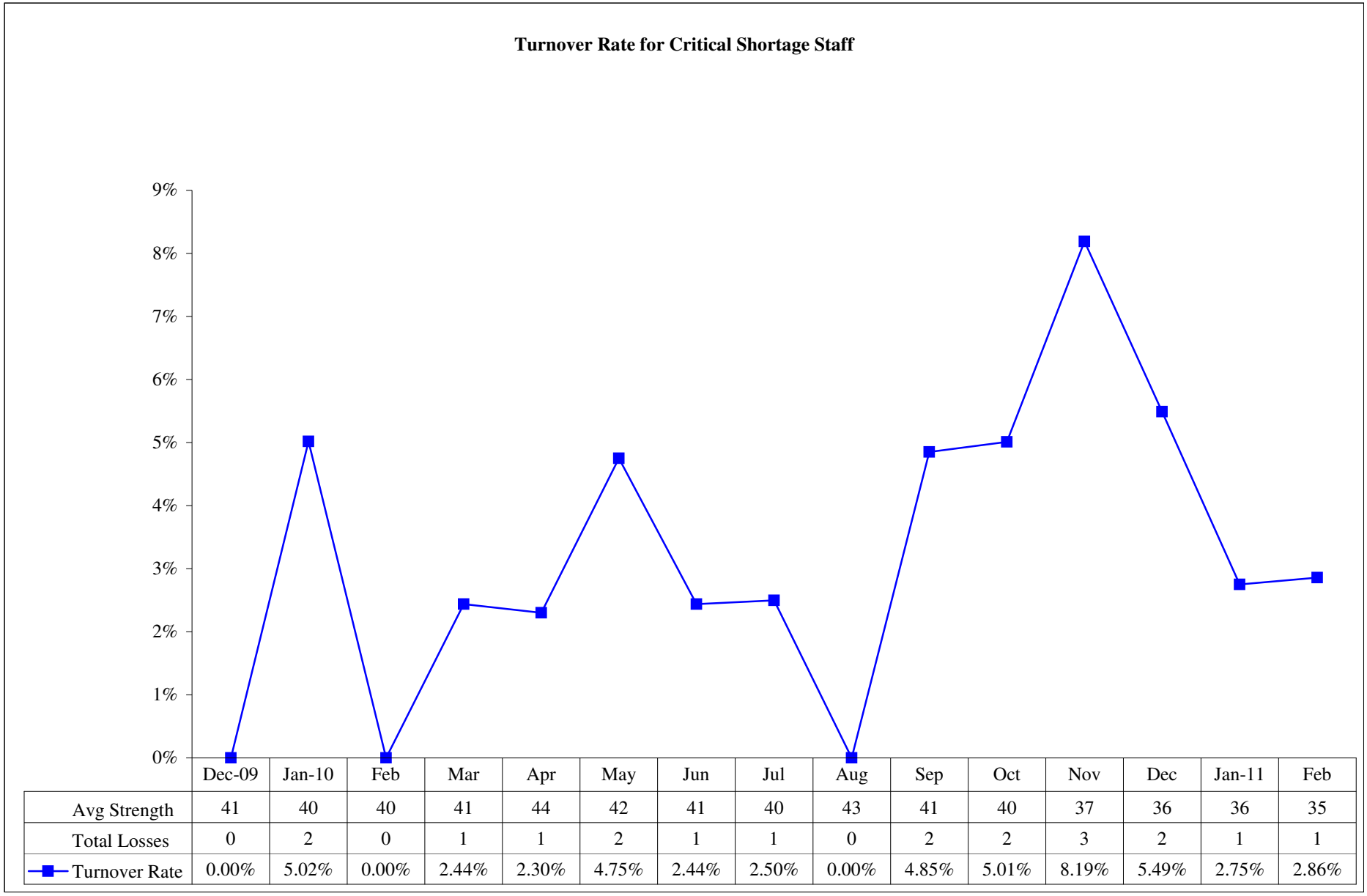


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	143	143	143	144	146	145	146	146	142	145	143	144	143	145	145
Total Losses	3	1	3	0	3	2	3	3	6	3	2	0	6	4	3
Turnover Rate	2.09%	0.70%	2.10%	0.00%	2.05%	1.38%	2.06%	2.05%	4.22%	2.07%	1.40%	0.00%	3.83%	2.76%	2.06%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Texas Center for Infectious Disease



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Avg Strength	41	40	40	41	44	42	41	40	43	41	40	37	36	36	35
Total Losses	0	2	0	1	1	2	1	1	0	2	2	3	2	1	1
Turnover Rate	0.00%	5.02%	0.00%	2.44%	2.30%	4.75%	2.44%	2.50%	0.00%	4.85%	5.01%	8.19%	5.49%	2.75%	2.86%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Performance Measure 8B:

Collect, analyze and report staff vacancy rates for critical shortage staff.

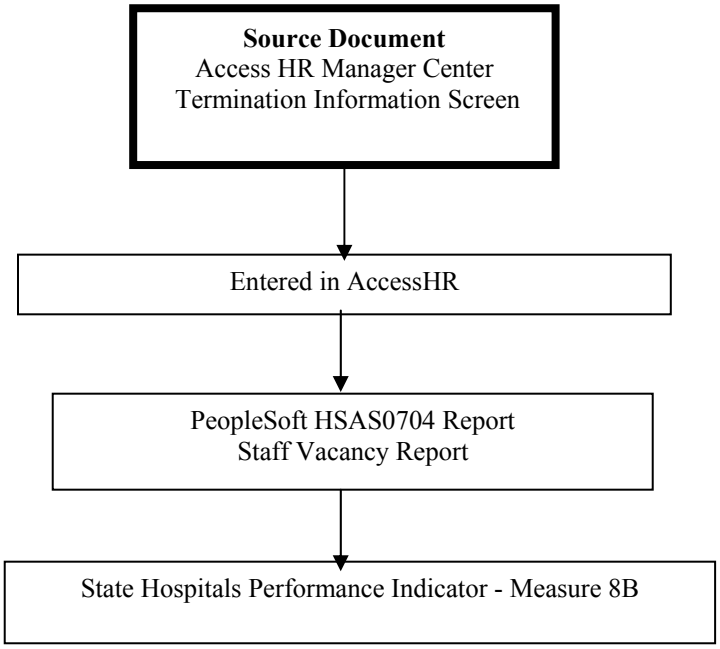
Performance Measure Operational Definition: The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

Performance Measure Formula:

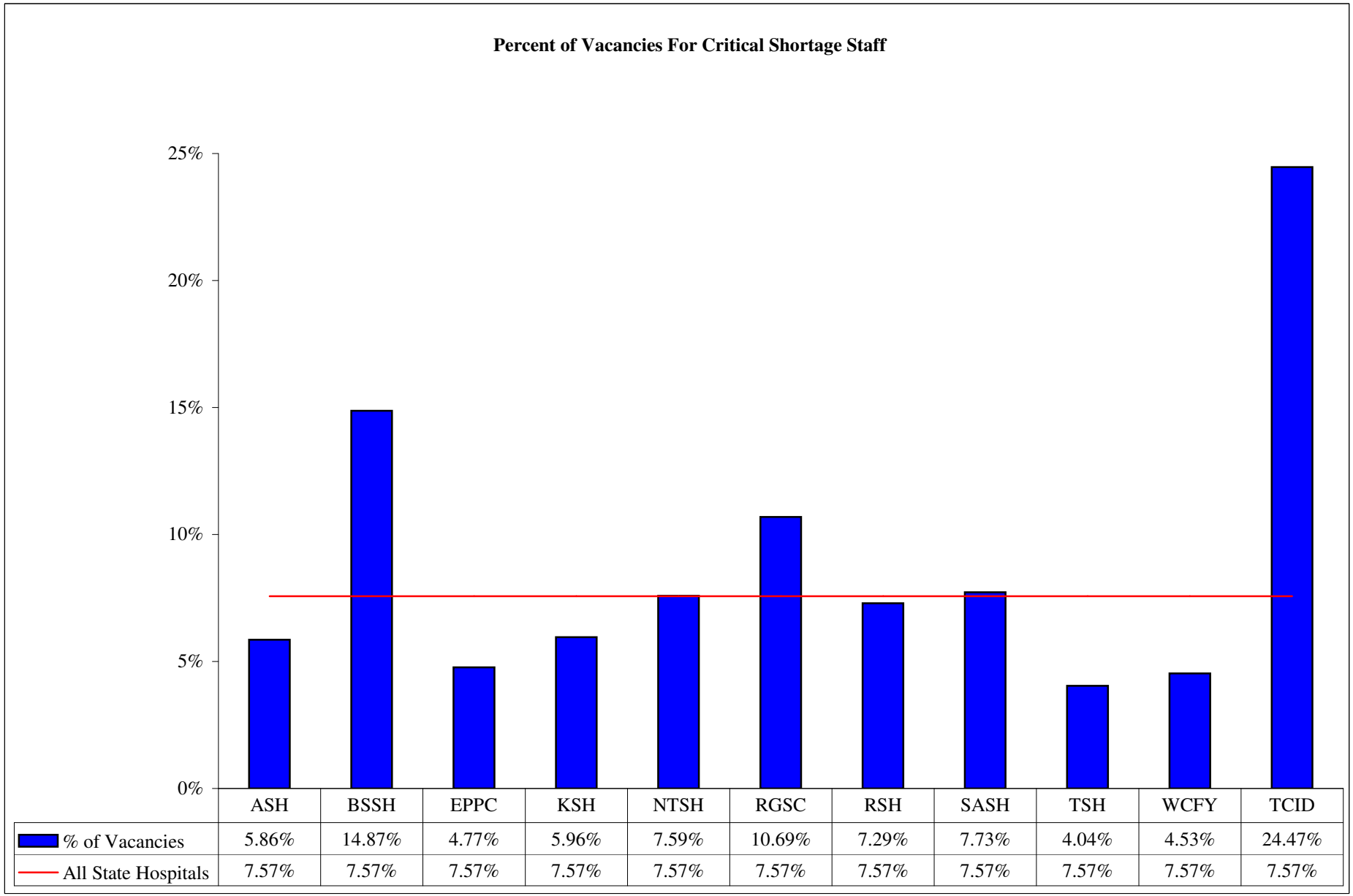
Performance Measure Data Display and Chart Description:

- Chart with monthly data points of vacancies rate (physicians, RNs, LVNs, Pharmacist, and PNAs) for individual state hospitals and system-wide.
- Chart with FYTD percent of vacancies for critical shortage staff for individual state hospitals and system-wide.
- Chart with monthly data points of percent of vacancies for critical shortage staff for individual state hospitals and system-wide.

Data Flow:



Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of February 28, 2011

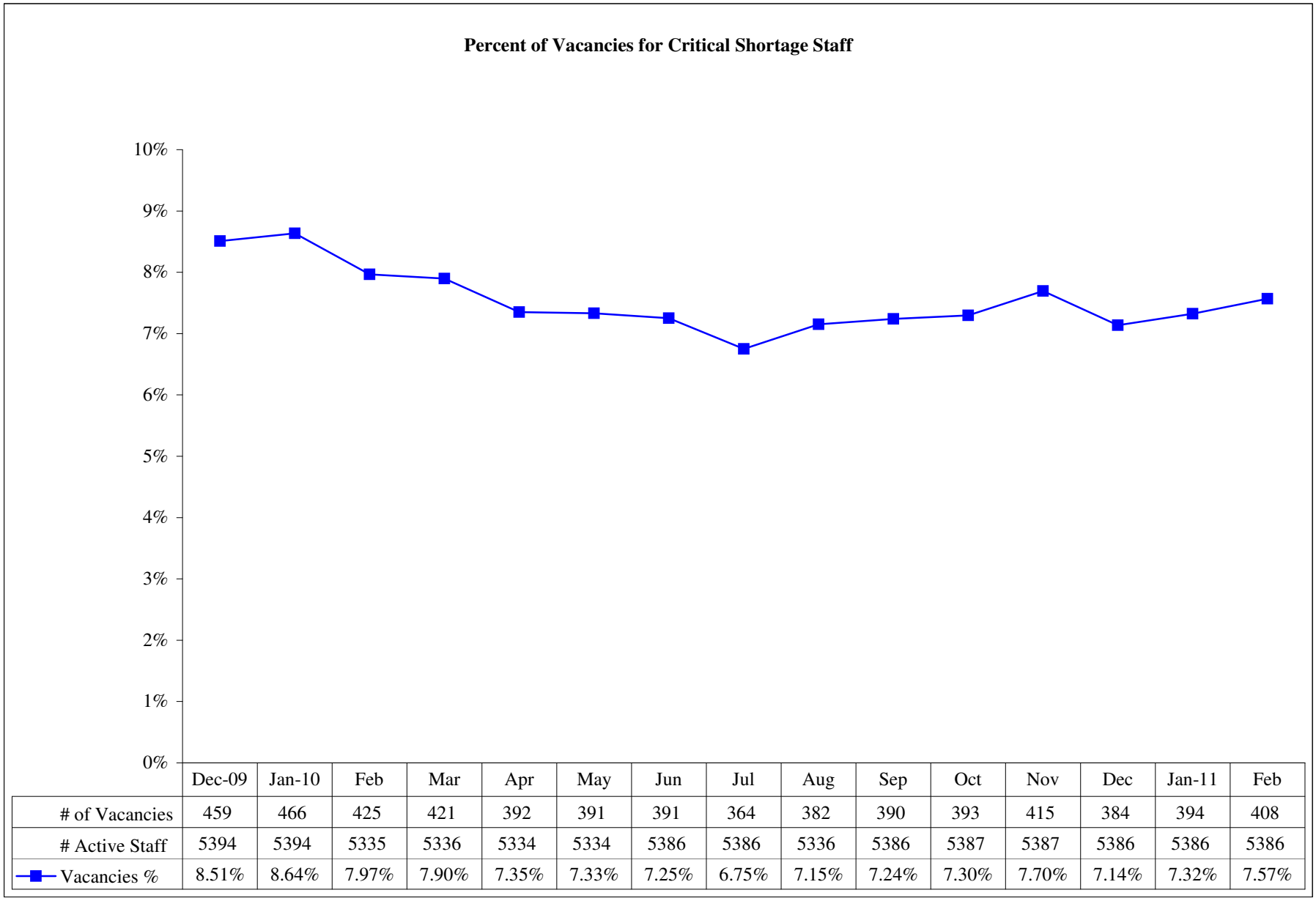


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	TCID
% of Vacancies	5.86%	14.87%	4.77%	5.96%	7.59%	10.69%	7.29%	7.73%	4.04%	4.53%	24.47%
All State Hospitals	7.57%	7.57%	7.57%	7.57%	7.57%	7.57%	7.57%	7.57%	7.57%	7.57%	7.57%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals

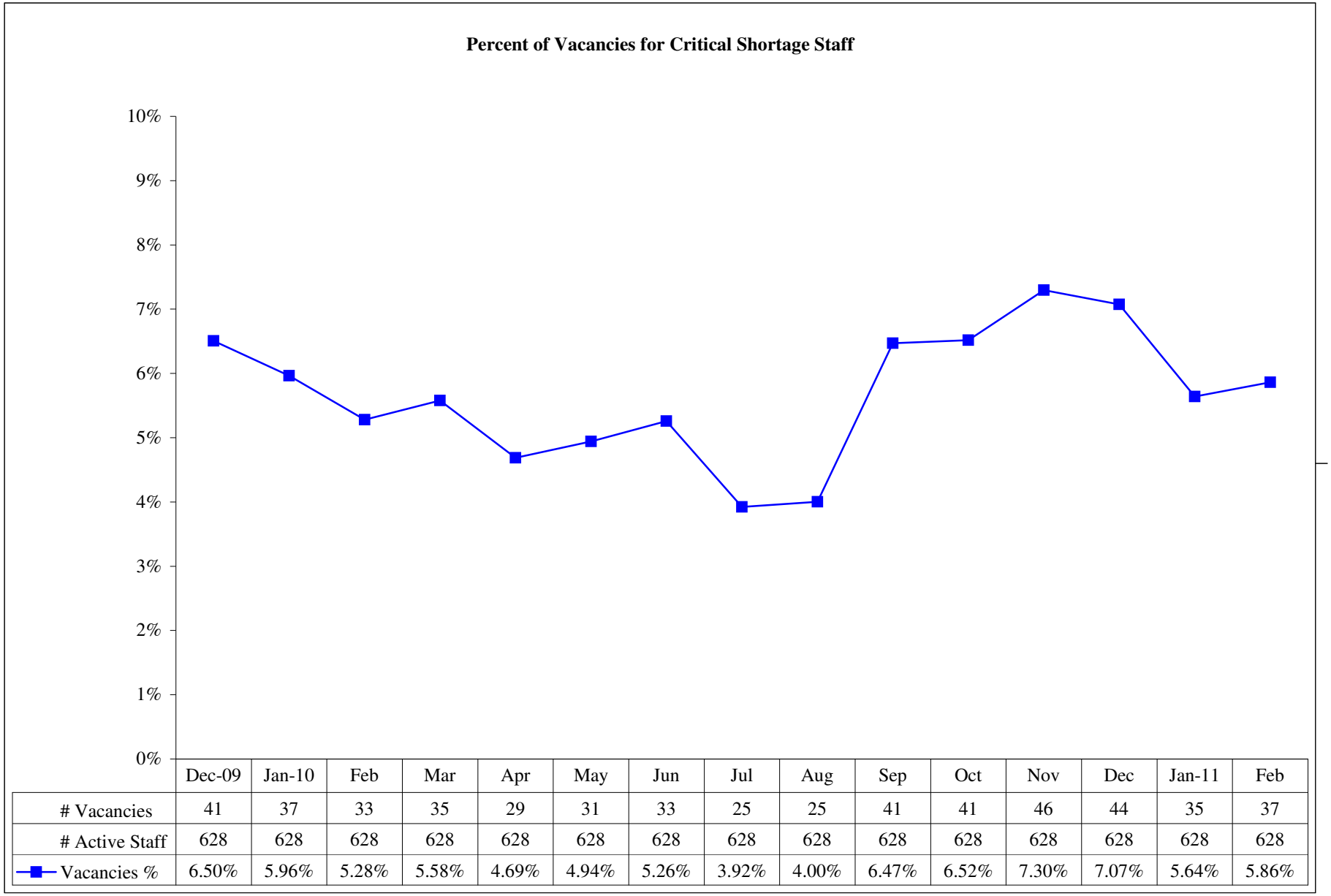


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# of Vacancies	459	466	425	421	392	391	391	364	382	390	393	415	384	394	408
# Active Staff	5394	5394	5335	5336	5334	5334	5386	5386	5336	5386	5387	5387	5386	5386	5386
Vacancies %	8.51%	8.64%	7.97%	7.90%	7.35%	7.33%	7.25%	6.75%	7.15%	7.24%	7.30%	7.70%	7.14%	7.32%	7.57%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital

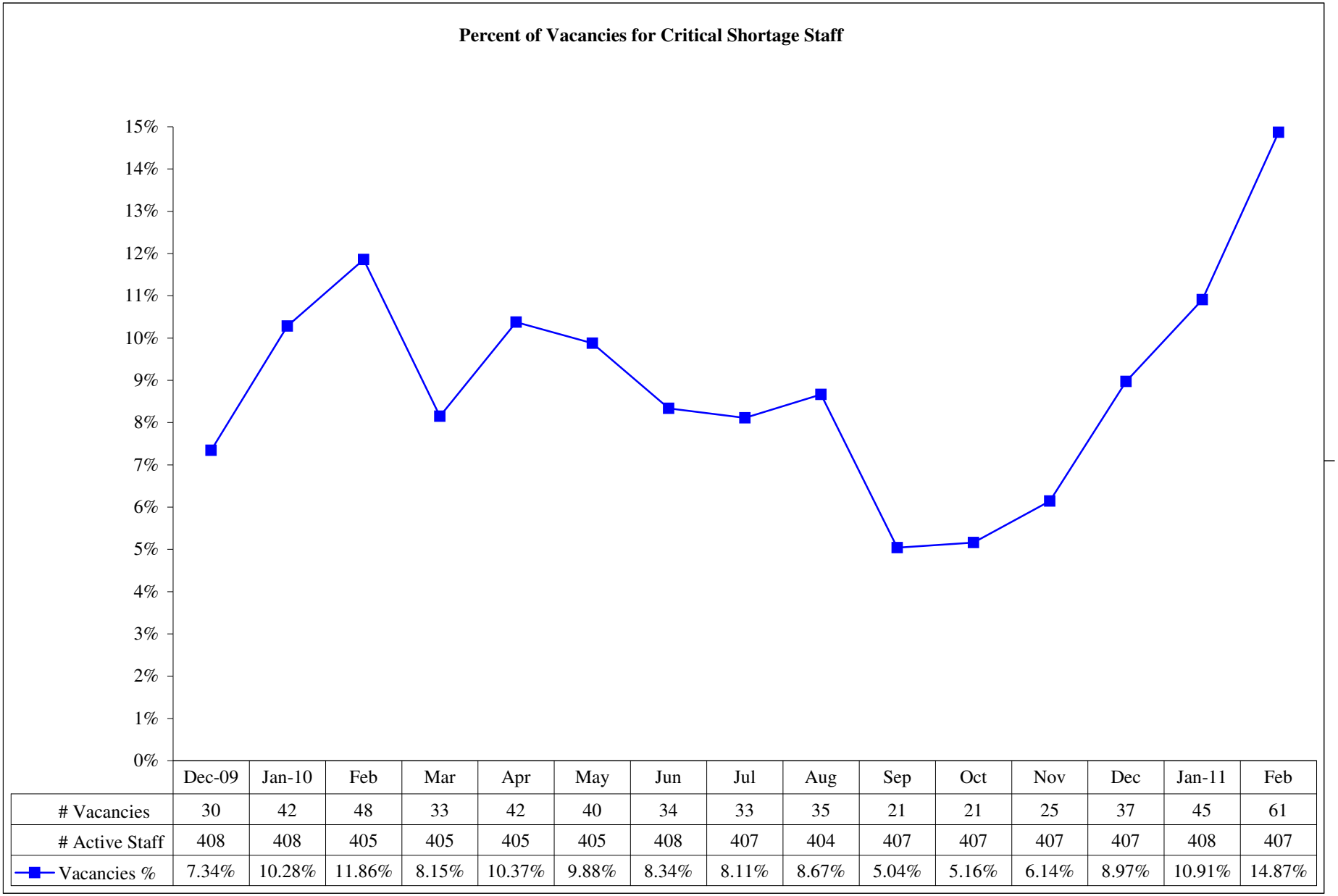


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	41	37	33	35	29	31	33	25	25	41	41	46	44	35	37
# Active Staff	628	628	628	628	628	628	628	628	628	628	628	628	628	628	628
Vacancies %	6.50%	5.96%	5.28%	5.58%	4.69%	4.94%	5.26%	3.92%	4.00%	6.47%	6.52%	7.30%	7.07%	5.64%	5.86%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital

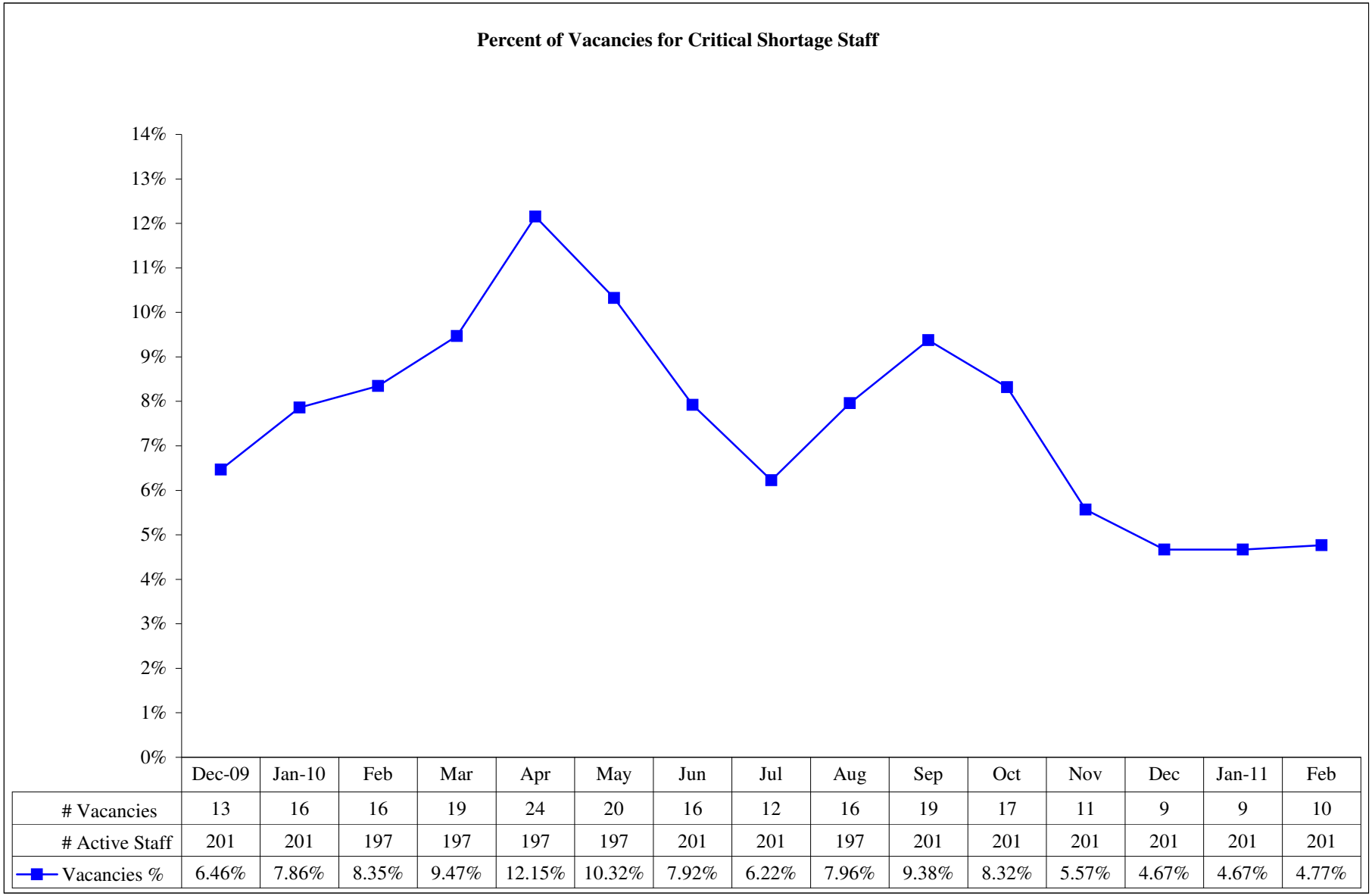


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	30	42	48	33	42	40	34	33	35	21	21	25	37	45	61
# Active Staff	408	408	405	405	405	405	408	407	404	407	407	407	407	408	407
Vacancies %	7.34%	10.28%	11.86%	8.15%	10.37%	9.88%	8.34%	8.11%	8.67%	5.04%	5.16%	6.14%	8.97%	10.91%	14.87%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center

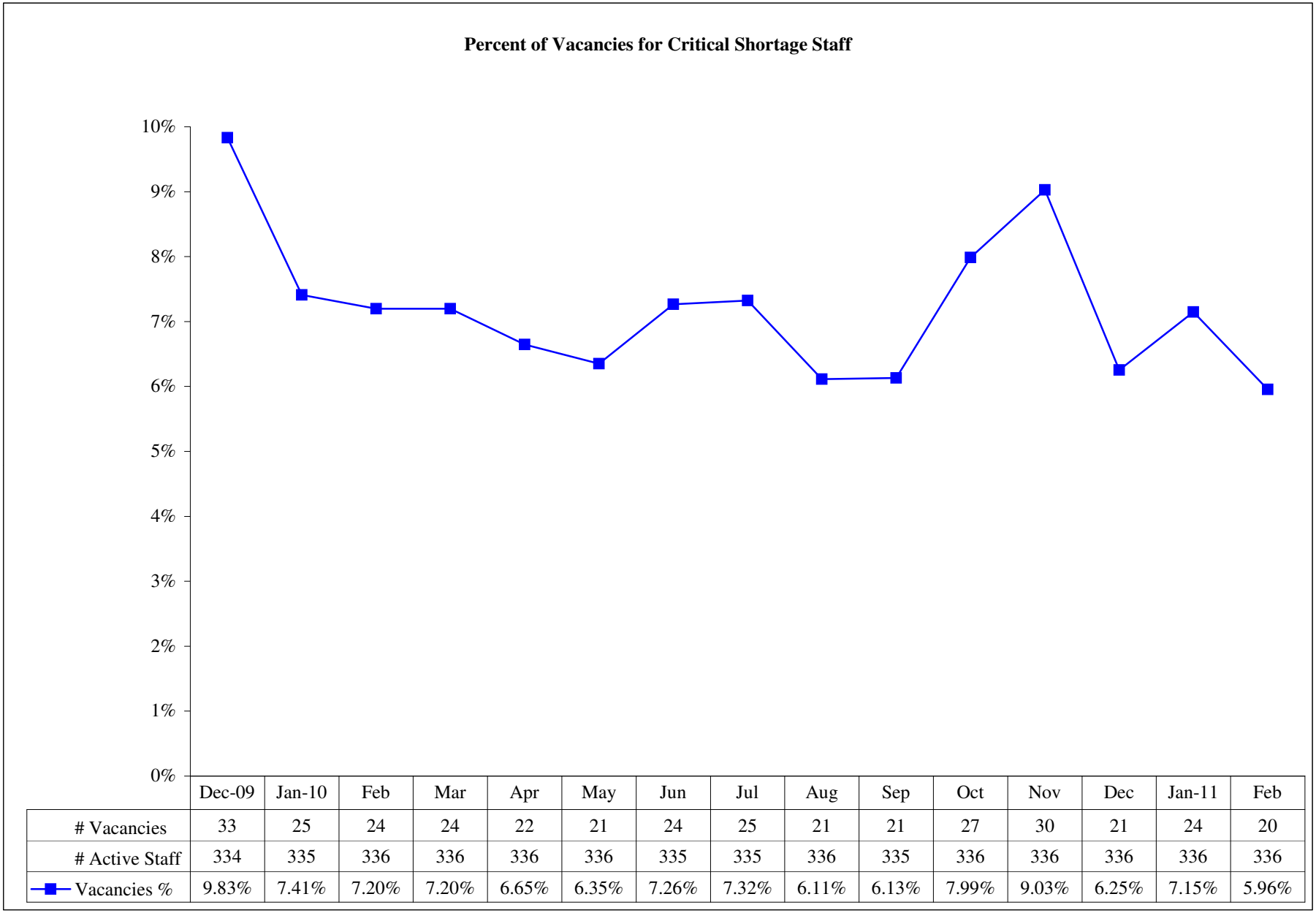


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	13	16	16	19	24	20	16	12	16	19	17	11	9	9	10
# Active Staff	201	201	197	197	197	197	201	201	197	201	201	201	201	201	201
Vacancies %	6.46%	7.86%	8.35%	9.47%	12.15%	10.32%	7.92%	6.22%	7.96%	9.38%	8.32%	5.57%	4.67%	4.67%	4.77%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital

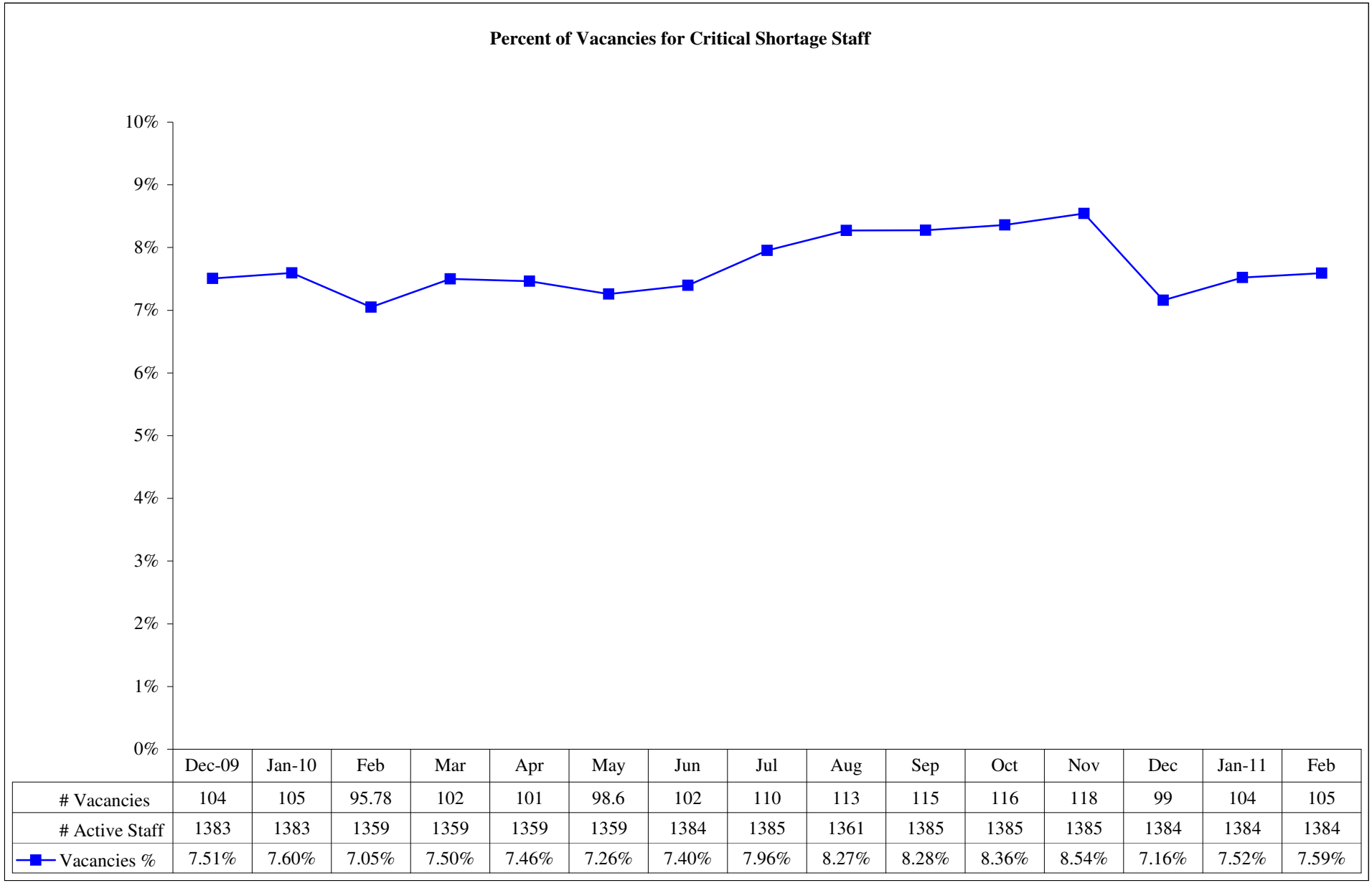


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	33	25	24	24	22	21	24	25	21	21	27	30	21	24	20
# Active Staff	334	335	336	336	336	336	335	335	336	335	336	336	336	336	336
Vacancies %	9.83%	7.41%	7.20%	7.20%	6.65%	6.35%	7.26%	7.32%	6.11%	6.13%	7.99%	9.03%	6.25%	7.15%	5.96%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital

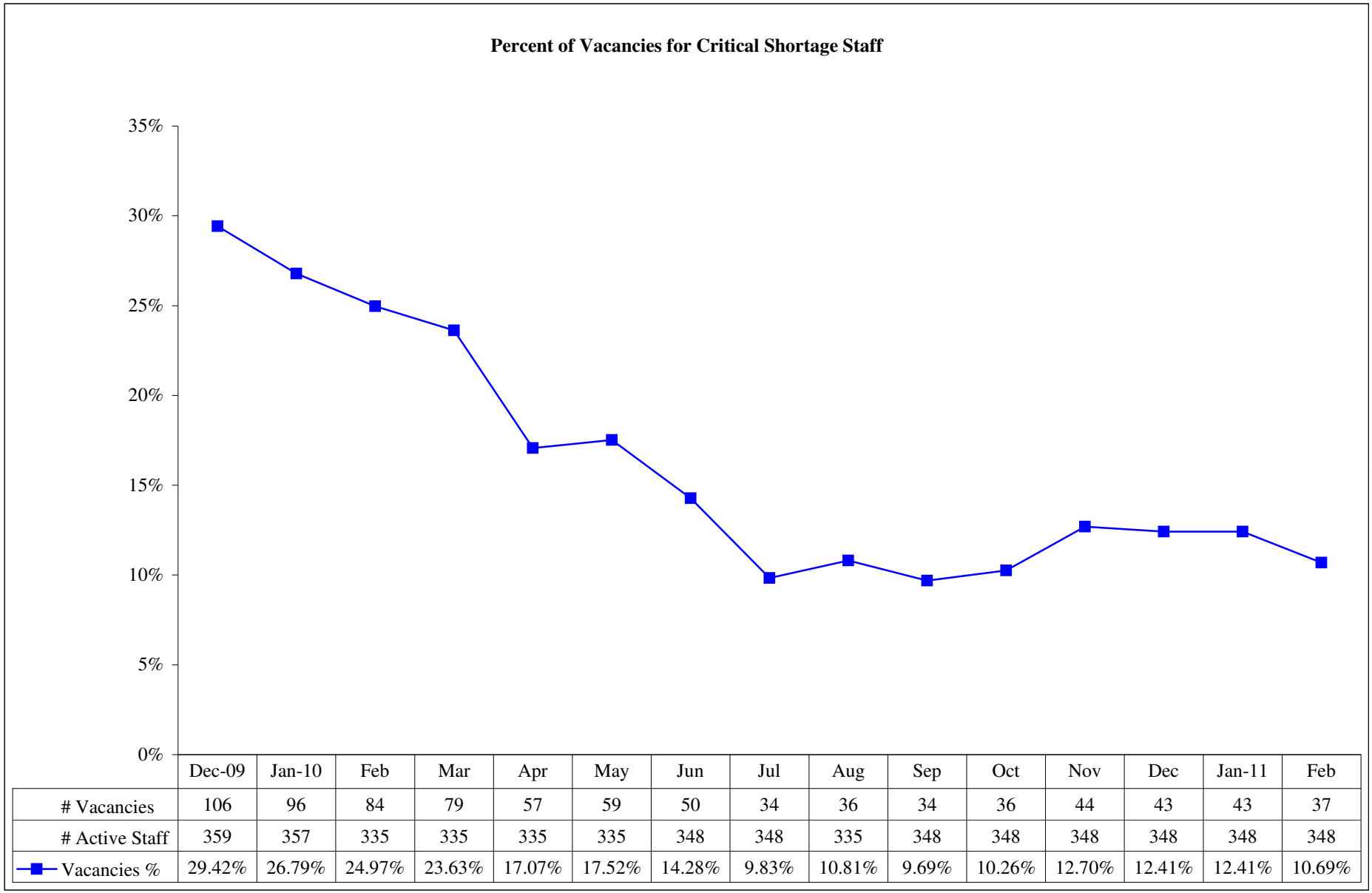


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	104	105	95.78	102	101	98.6	102	110	113	115	116	118	99	104	105
# Active Staff	1383	1383	1359	1359	1359	1359	1384	1385	1361	1385	1385	1385	1384	1384	1384
Vacancies %	7.51%	7.60%	7.05%	7.50%	7.46%	7.26%	7.40%	7.96%	8.27%	8.28%	8.36%	8.54%	7.16%	7.52%	7.59%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center

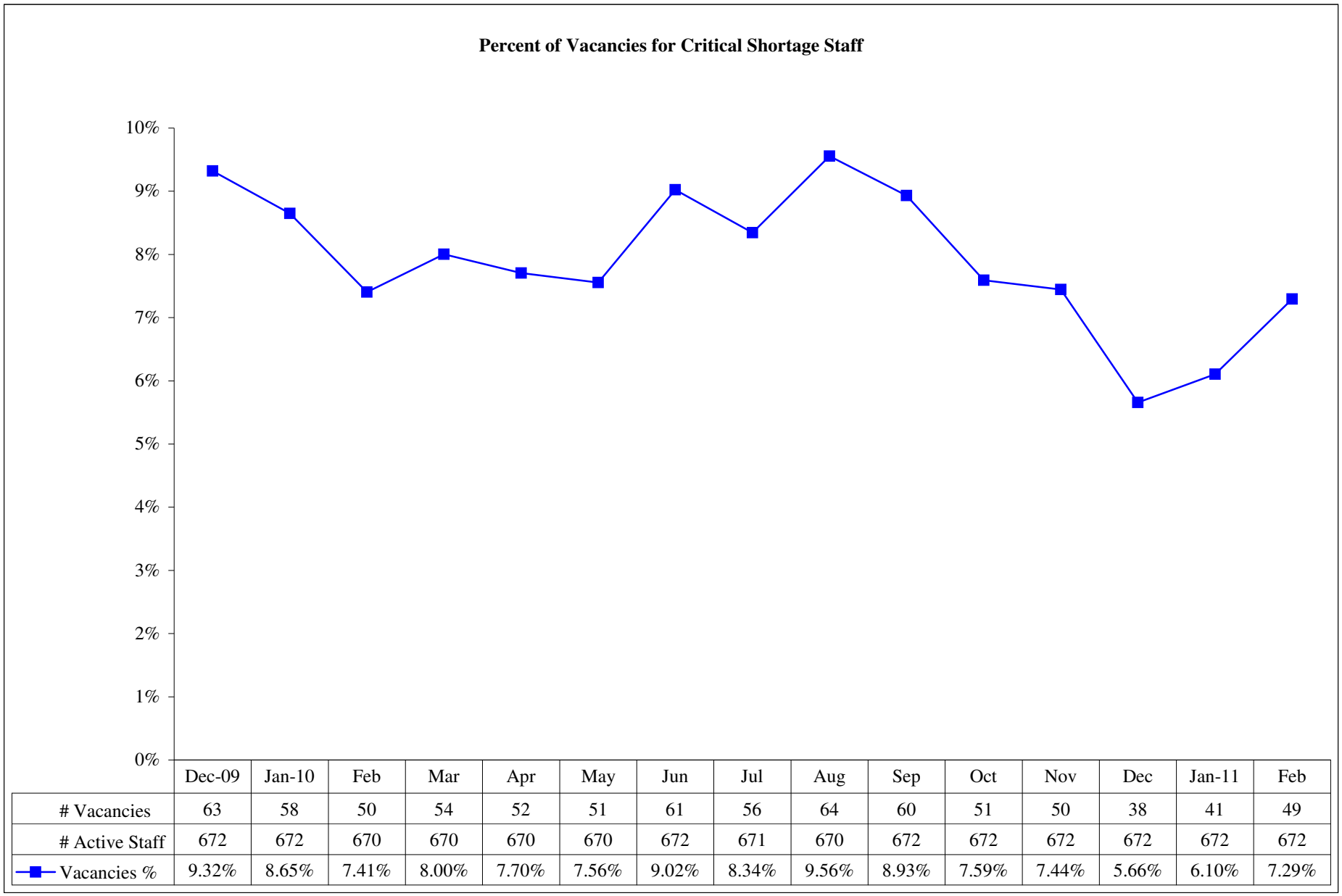


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	106	96	84	79	57	59	50	34	36	34	36	44	43	43	37
# Active Staff	359	357	335	335	335	335	348	348	335	348	348	348	348	348	348
Vacancies %	29.42%	26.79%	24.97%	23.63%	17.07%	17.52%	14.28%	9.83%	10.81%	9.69%	10.26%	12.70%	12.41%	12.41%	10.69%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital

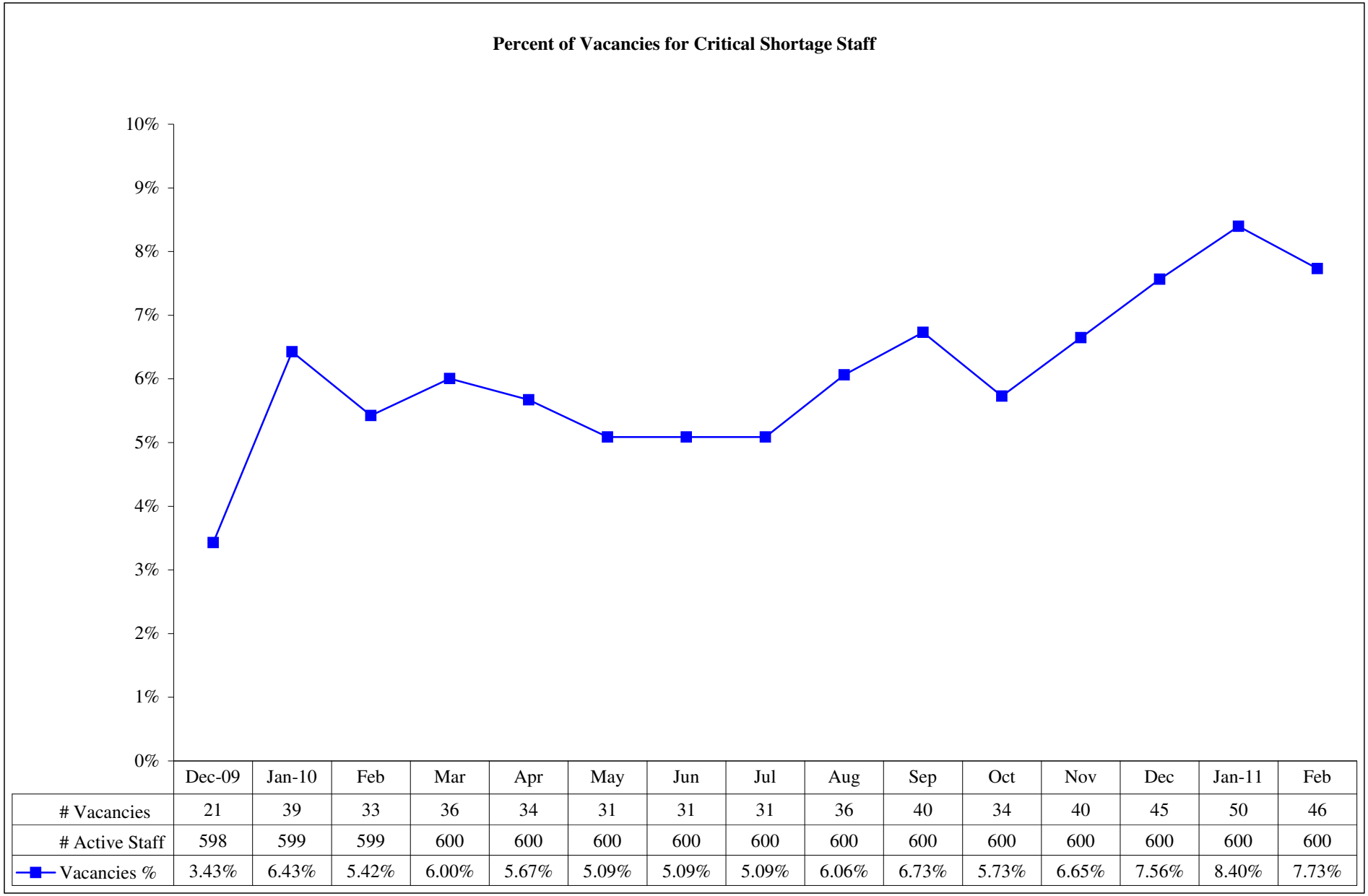


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	63	58	50	54	52	51	61	56	64	60	51	50	38	41	49
# Active Staff	672	672	670	670	670	670	672	671	670	672	672	672	672	672	672
Vacancies %	9.32%	8.65%	7.41%	8.00%	7.70%	7.56%	9.02%	8.34%	9.56%	8.93%	7.59%	7.44%	5.66%	6.10%	7.29%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital

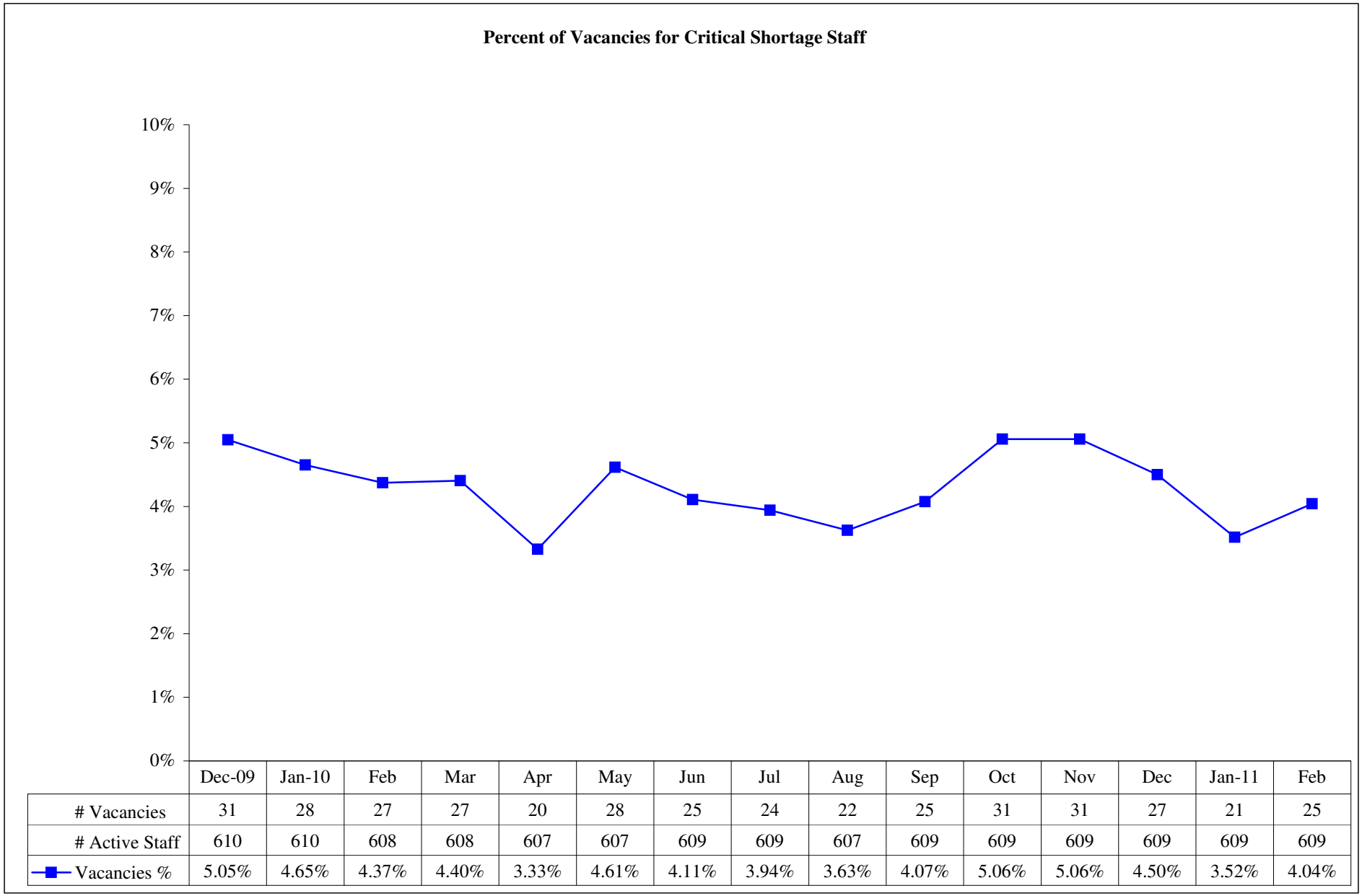


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	21	39	33	36	34	31	31	31	36	40	34	40	45	50	46
# Active Staff	598	599	599	600	600	600	600	600	600	600	600	600	600	600	600
Vacancies %	3.43%	6.43%	5.42%	6.00%	5.67%	5.09%	5.09%	5.09%	6.06%	6.73%	5.73%	6.65%	7.56%	8.40%	7.73%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital

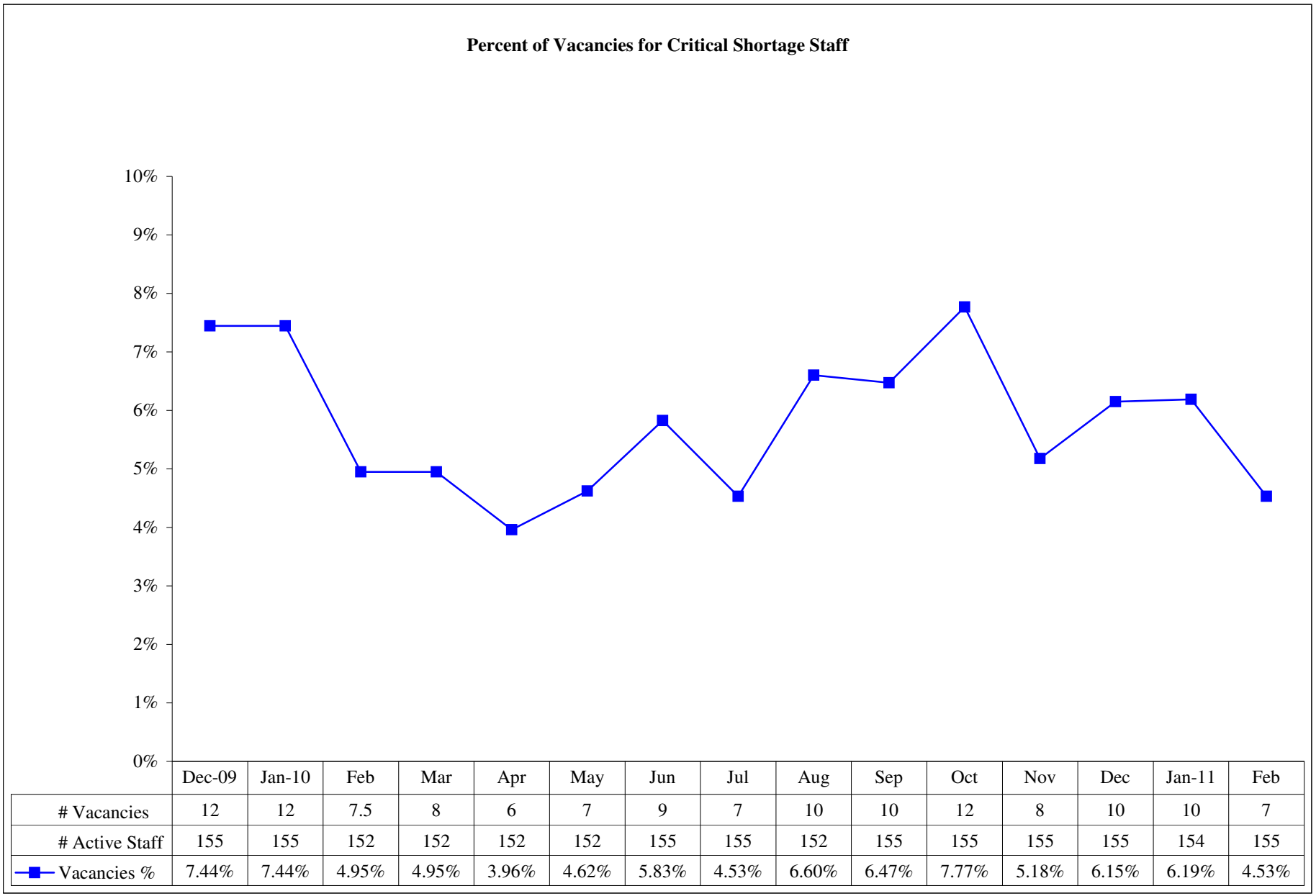


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	31	28	27	27	20	28	25	24	22	25	31	31	27	21	25
# Active Staff	610	610	608	608	607	607	609	609	607	609	609	609	609	609	609
Vacancies %	5.05%	4.65%	4.37%	4.40%	3.33%	4.61%	4.11%	3.94%	3.63%	4.07%	5.06%	5.06%	4.50%	3.52%	4.04%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth

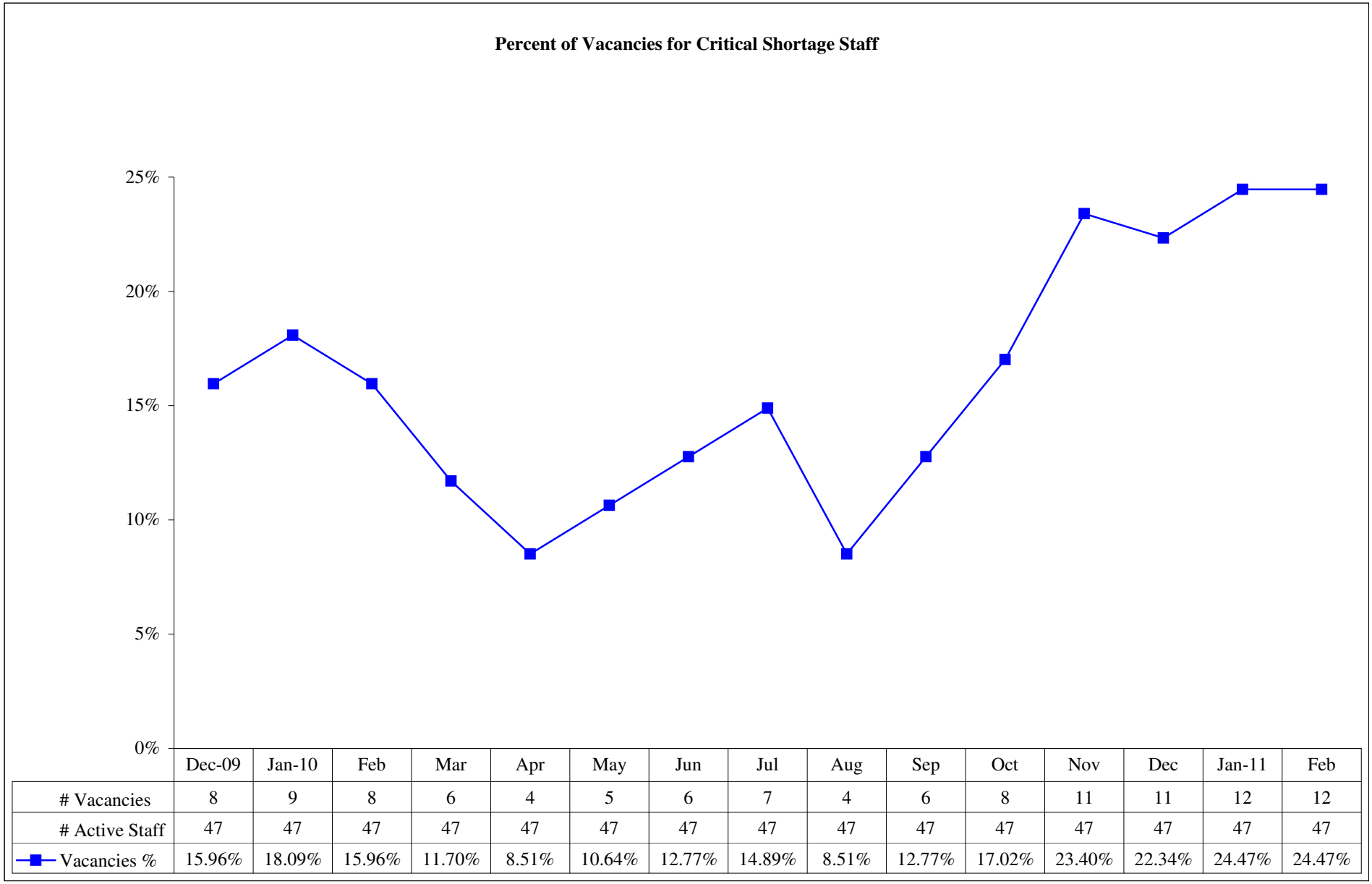


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	12	12	7.5	8	6	7	9	7	10	10	12	8	10	10	7
# Active Staff	155	155	152	152	152	152	155	155	152	155	155	155	155	154	155
Vacancies %	7.44%	7.44%	4.95%	4.95%	3.96%	4.62%	5.83%	4.53%	6.60%	6.47%	7.77%	5.18%	6.15%	6.19%	4.53%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease

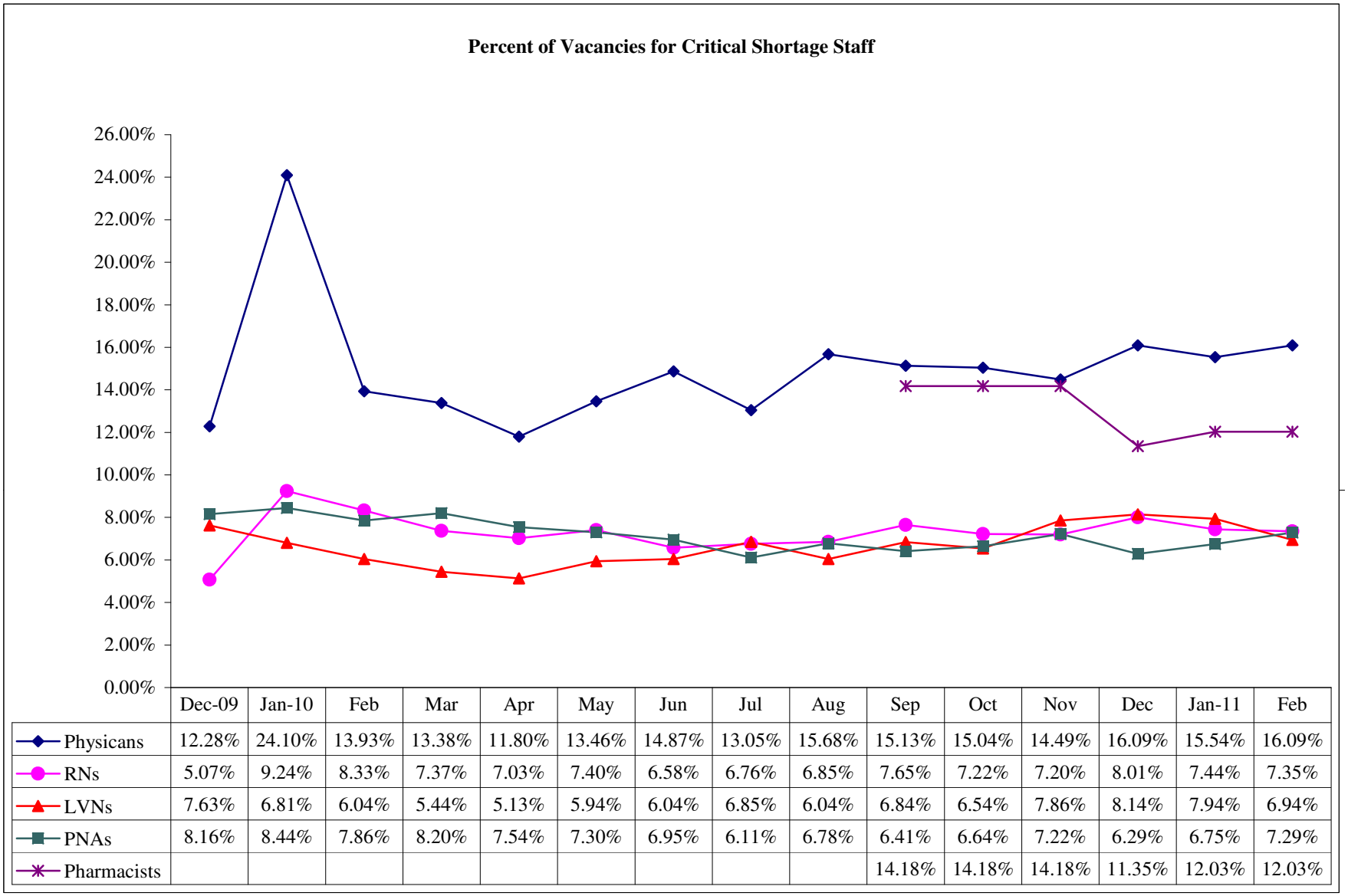


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
# Vacancies	8	9	8	6	4	5	6	7	4	6	8	11	11	12	12
# Active Staff	47	47	47	47	47	47	47	47	47	47	47	47	47	47	47
Vacancies %	15.96%	18.09%	15.96%	11.70%	8.51%	10.64%	12.77%	14.89%	8.51%	12.77%	17.02%	23.40%	22.34%	24.47%	24.47%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals

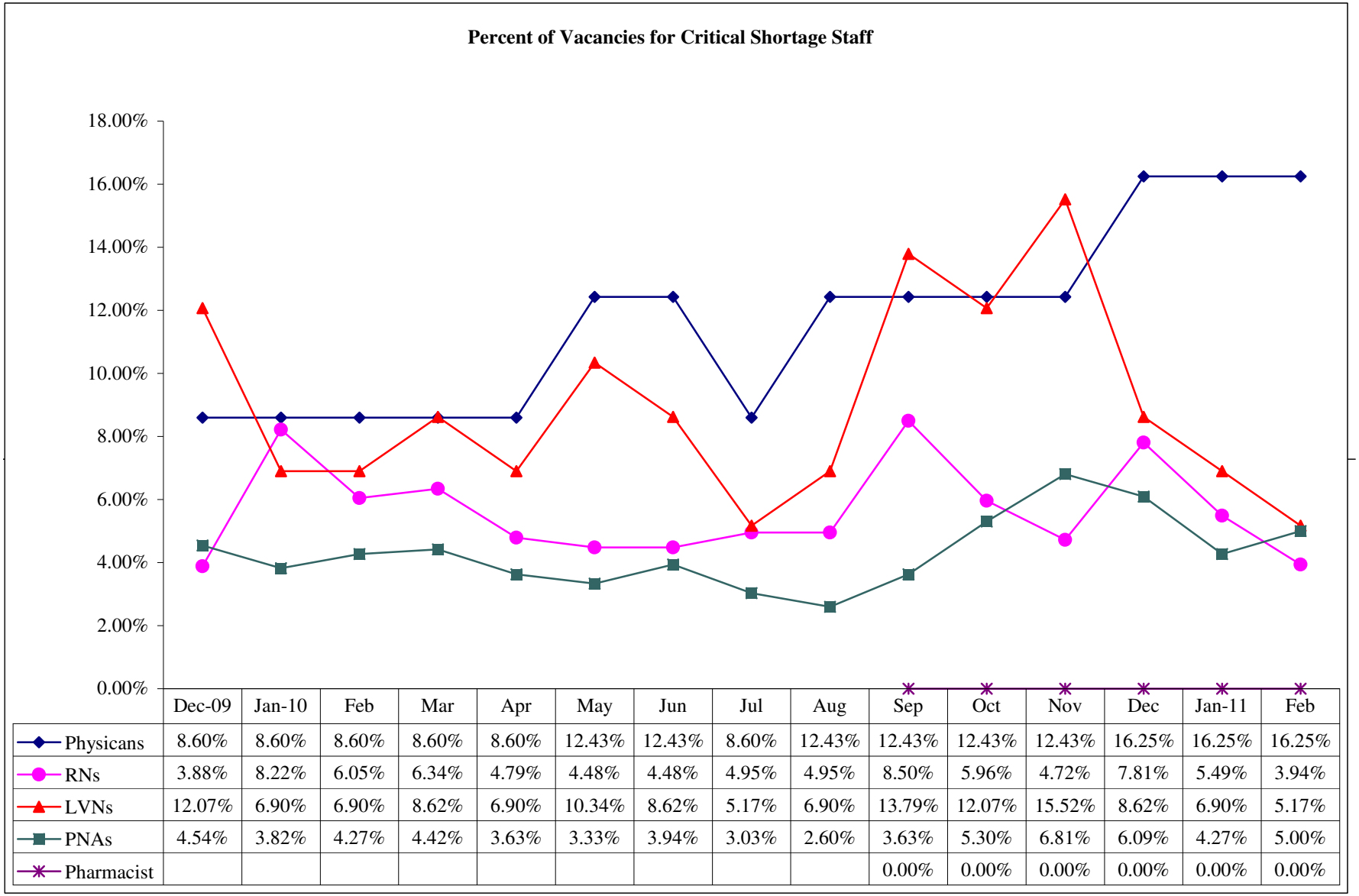


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	12.28%	24.10%	13.93%	13.38%	11.80%	13.46%	14.87%	13.05%	15.68%	15.13%	15.04%	14.49%	16.09%	15.54%	16.09%
RNs	5.07%	9.24%	8.33%	7.37%	7.03%	7.40%	6.58%	6.76%	6.85%	7.65%	7.22%	7.20%	8.01%	7.44%	7.35%
LVNs	7.63%	6.81%	6.04%	5.44%	5.13%	5.94%	6.04%	6.85%	6.04%	6.84%	6.54%	7.86%	8.14%	7.94%	6.94%
PNAs	8.16%	8.44%	7.86%	8.20%	7.54%	7.30%	6.95%	6.11%	6.78%	6.41%	6.64%	7.22%	6.29%	6.75%	7.29%
Pharmacists										14.18%	14.18%	14.18%	11.35%	12.03%	12.03%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital

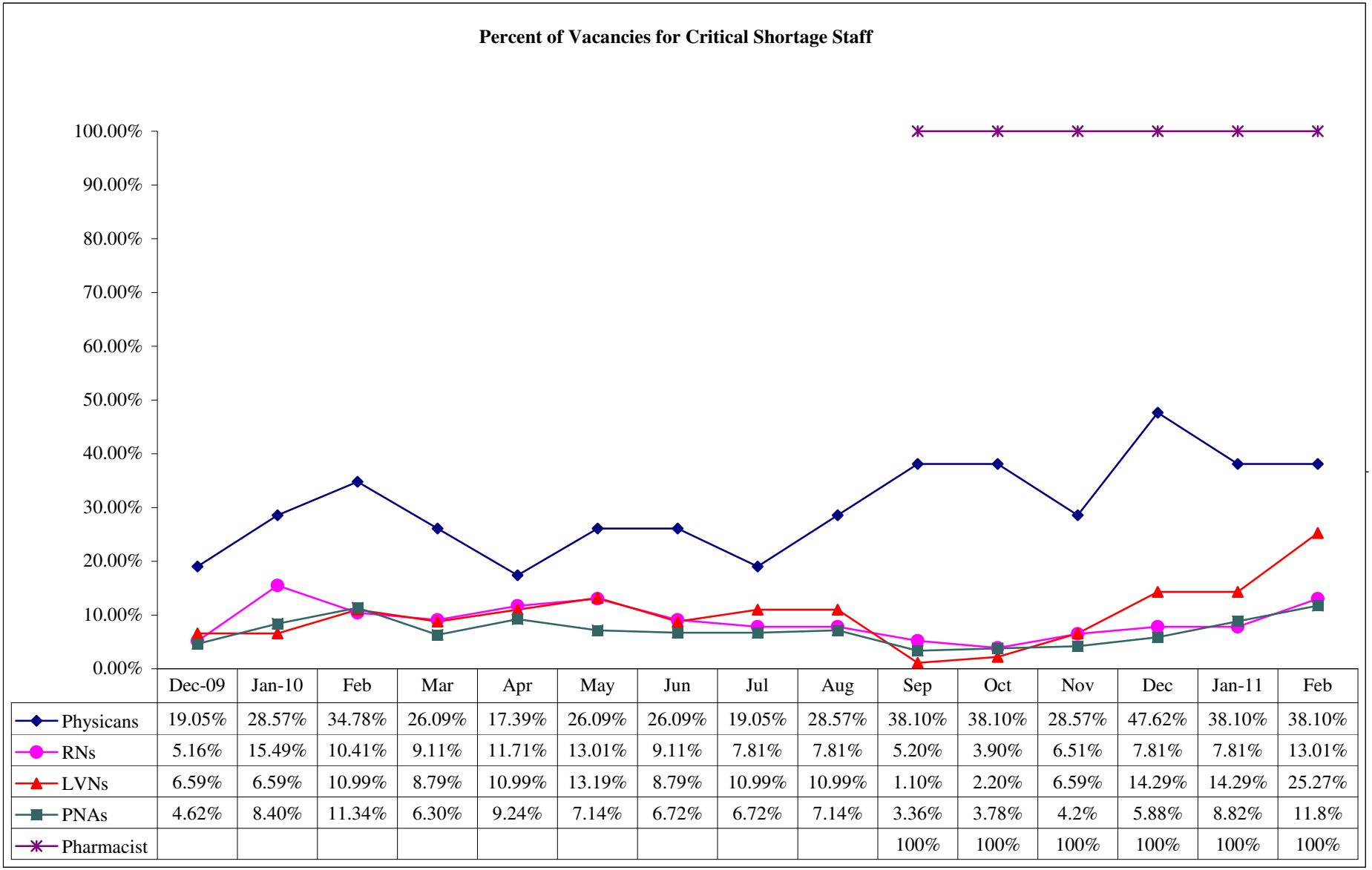


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	8.60%	8.60%	8.60%	8.60%	8.60%	12.43%	12.43%	8.60%	12.43%	12.43%	12.43%	12.43%	16.25%	16.25%	16.25%
RNs	3.88%	8.22%	6.05%	6.34%	4.79%	4.48%	4.48%	4.95%	4.95%	8.50%	5.96%	4.72%	7.81%	5.49%	3.94%
LVNs	12.07%	6.90%	6.90%	8.62%	6.90%	10.34%	8.62%	5.17%	6.90%	13.79%	12.07%	15.52%	8.62%	6.90%	5.17%
PNAs	4.54%	3.82%	4.27%	4.42%	3.63%	3.33%	3.94%	3.03%	2.60%	3.63%	5.30%	6.81%	6.09%	4.27%	5.00%
Pharmacist										0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital

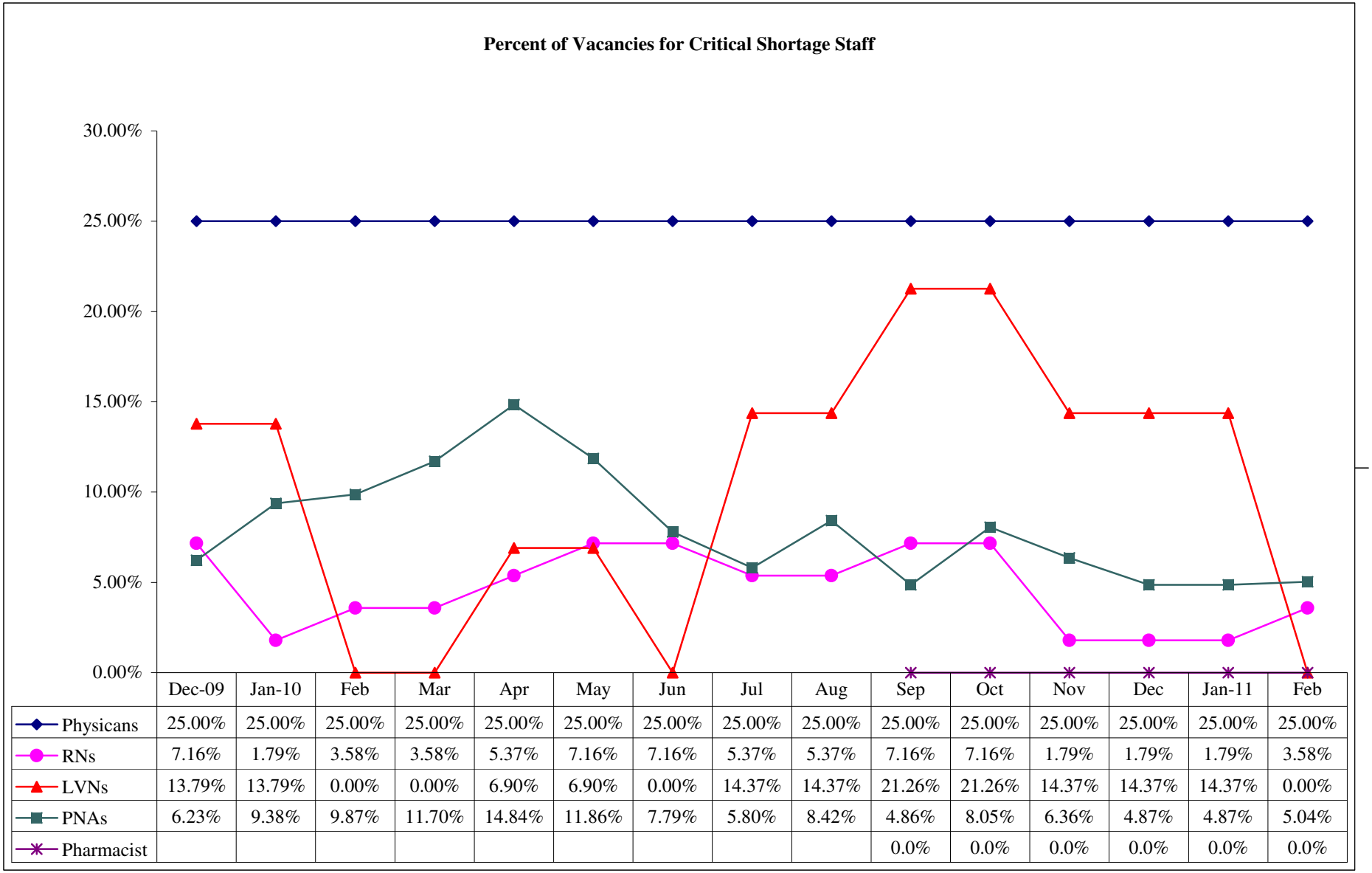


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	19.05%	28.57%	34.78%	26.09%	17.39%	26.09%	26.09%	19.05%	28.57%	38.10%	38.10%	28.57%	47.62%	38.10%	38.10%
RNs	5.16%	15.49%	10.41%	9.11%	11.71%	13.01%	9.11%	7.81%	7.81%	5.20%	3.90%	6.51%	7.81%	7.81%	13.01%
LVNs	6.59%	6.59%	10.99%	8.79%	10.99%	13.19%	8.79%	10.99%	10.99%	1.10%	2.20%	6.59%	14.29%	14.29%	25.27%
PNAs	4.62%	8.40%	11.34%	6.30%	9.24%	7.14%	6.72%	6.72%	7.14%	3.36%	3.78%	4.2%	5.88%	8.82%	11.8%
Pharmacist										100%	100%	100%	100%	100%	100%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center

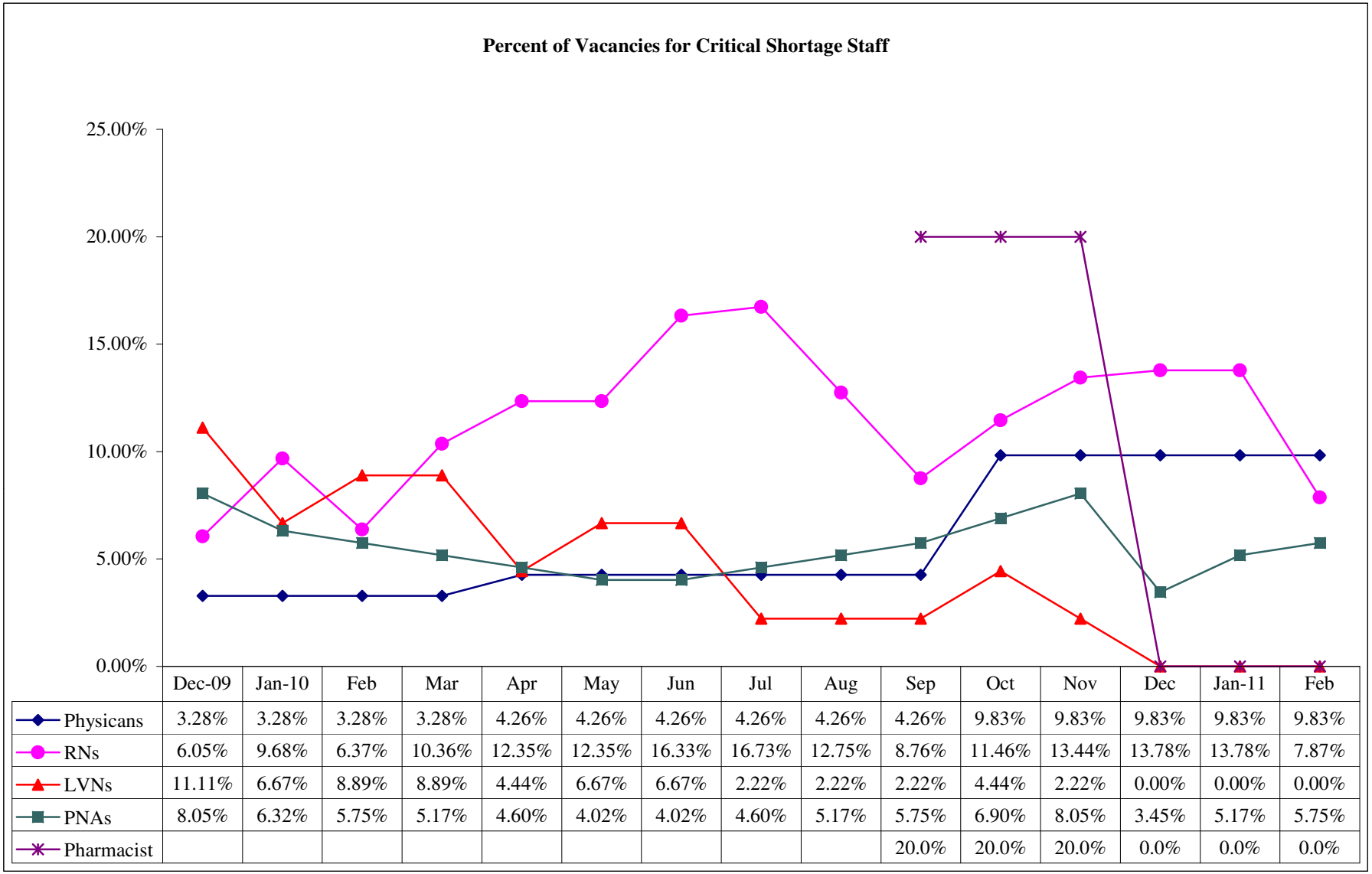


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%
RNs	7.16%	1.79%	3.58%	3.58%	5.37%	7.16%	7.16%	5.37%	5.37%	7.16%	7.16%	1.79%	1.79%	1.79%	3.58%
LVNs	13.79%	13.79%	0.00%	0.00%	6.90%	6.90%	0.00%	14.37%	14.37%	21.26%	21.26%	14.37%	14.37%	14.37%	0.00%
PNAs	6.23%	9.38%	9.87%	11.70%	14.84%	11.86%	7.79%	5.80%	8.42%	4.86%	8.05%	6.36%	4.87%	4.87%	5.04%
Pharmacist										0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital

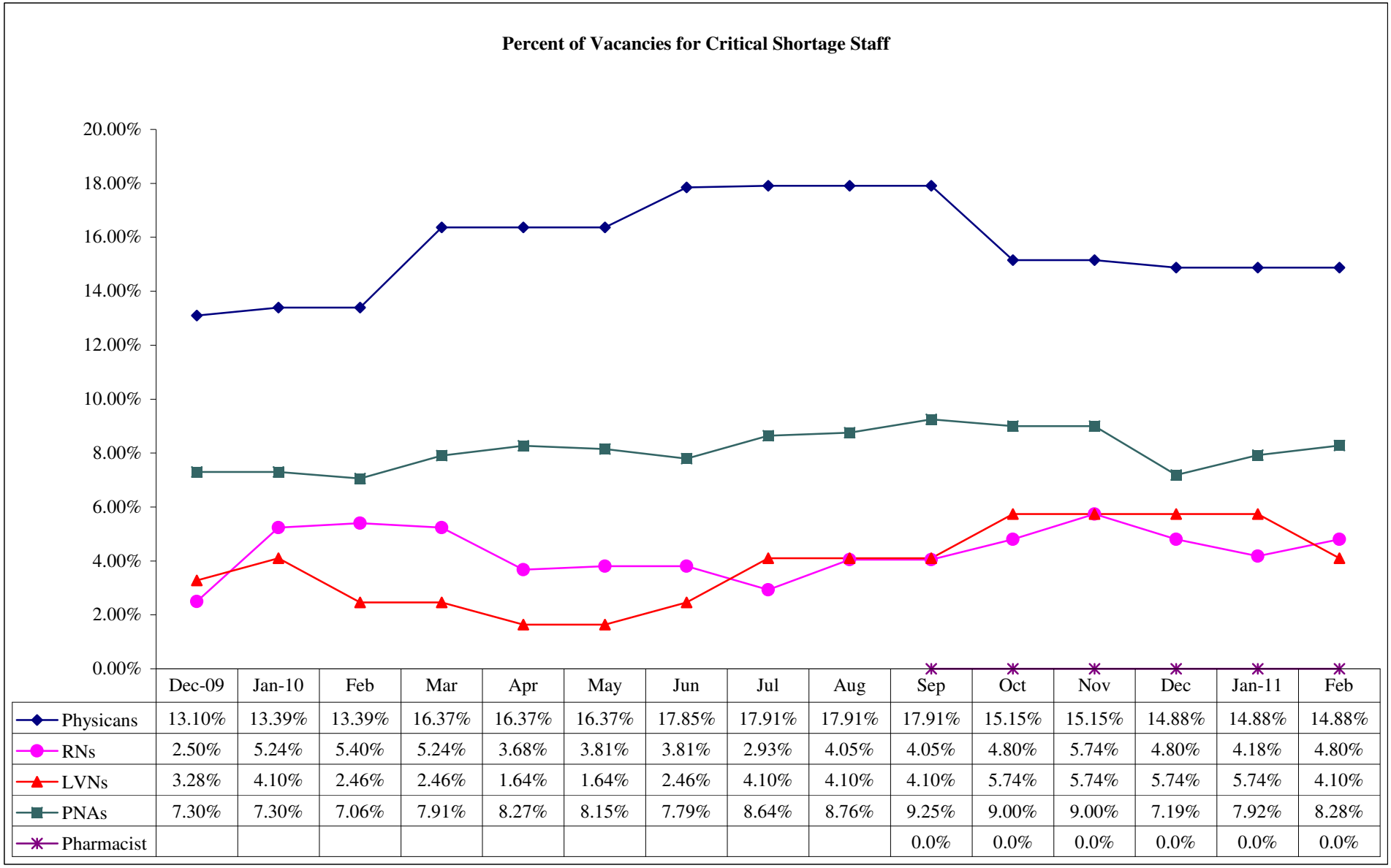


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	3.28%	3.28%	3.28%	3.28%	4.26%	4.26%	4.26%	4.26%	4.26%	4.26%	9.83%	9.83%	9.83%	9.83%	9.83%
RNs	6.05%	9.68%	6.37%	10.36%	12.35%	12.35%	16.33%	16.73%	12.75%	8.76%	11.46%	13.44%	13.78%	13.78%	7.87%
LVNs	11.11%	6.67%	8.89%	8.89%	4.44%	6.67%	6.67%	2.22%	2.22%	2.22%	4.44%	2.22%	0.00%	0.00%	0.00%
PNAs	8.05%	6.32%	5.75%	5.17%	4.60%	4.02%	4.02%	4.60%	5.17%	5.75%	6.90%	8.05%	3.45%	5.17%	5.75%
Pharmacist										20.0%	20.0%	20.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital

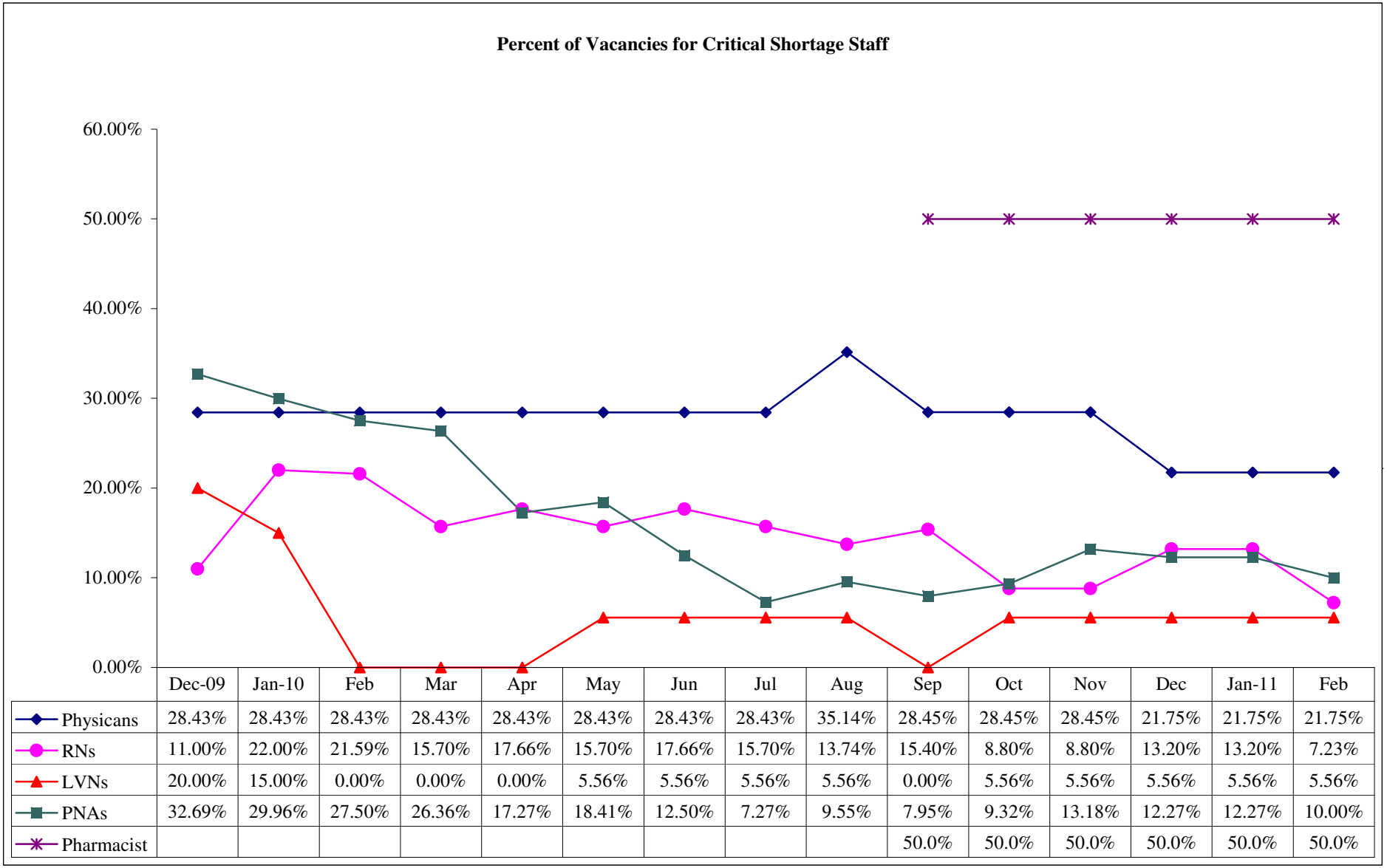


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	13.10%	13.39%	13.39%	16.37%	16.37%	16.37%	17.85%	17.91%	17.91%	17.91%	15.15%	15.15%	14.88%	14.88%	14.88%
RNs	2.50%	5.24%	5.40%	5.24%	3.68%	3.81%	3.81%	2.93%	4.05%	4.05%	4.80%	5.74%	4.80%	4.18%	4.80%
LVNs	3.28%	4.10%	2.46%	2.46%	1.64%	1.64%	2.46%	4.10%	4.10%	4.10%	5.74%	5.74%	5.74%	5.74%	4.10%
PNAs	7.30%	7.30%	7.06%	7.91%	8.27%	8.15%	7.79%	8.64%	8.76%	9.25%	9.00%	9.00%	7.19%	7.92%	8.28%
Pharmacist										0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center

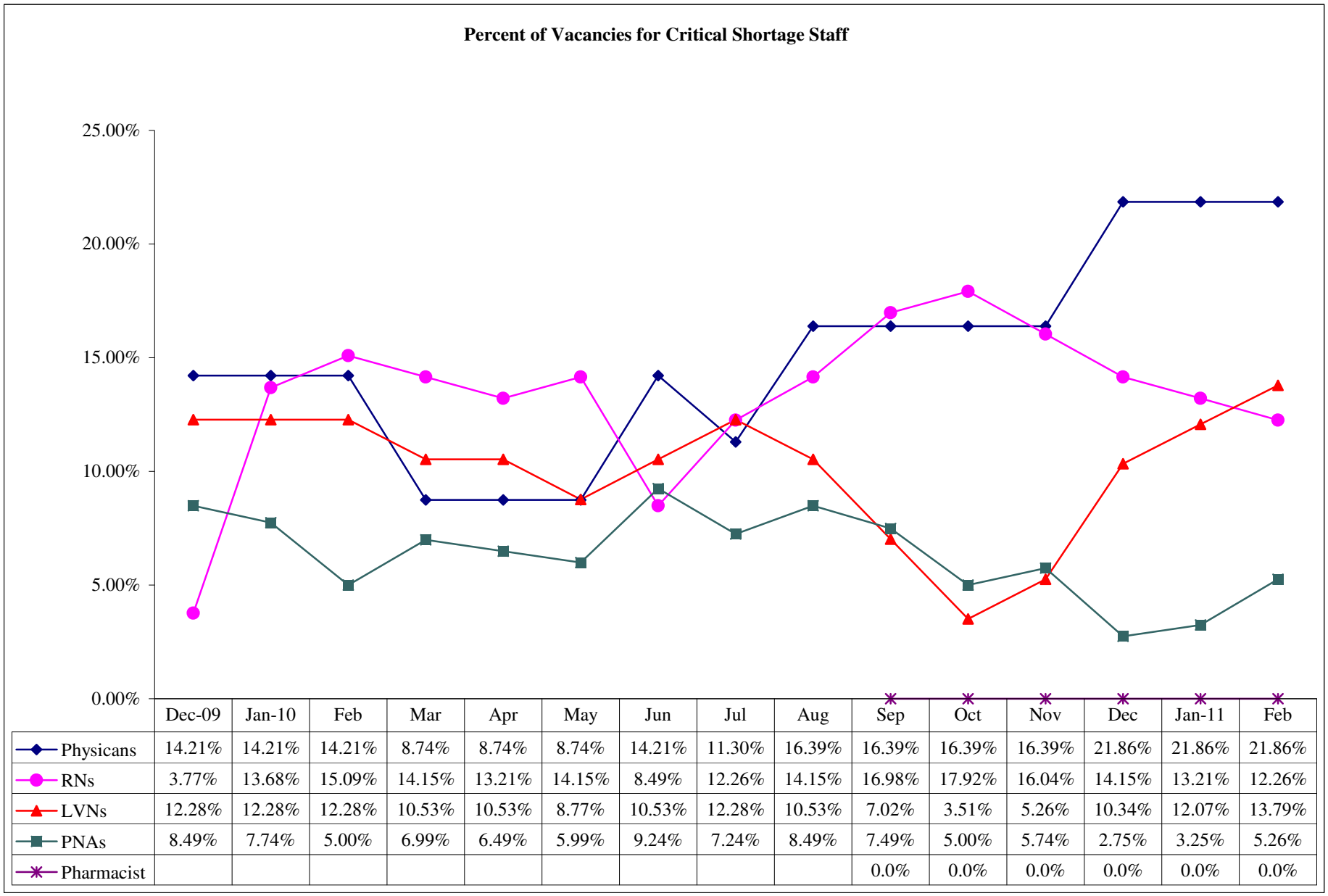


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	28.43%	28.43%	28.43%	28.43%	28.43%	28.43%	28.43%	28.43%	35.14%	28.45%	28.45%	28.45%	21.75%	21.75%	21.75%
RNs	11.00%	22.00%	21.59%	15.70%	17.66%	15.70%	17.66%	15.70%	13.74%	15.40%	8.80%	8.80%	13.20%	13.20%	7.23%
LVNs	20.00%	15.00%	0.00%	0.00%	0.00%	5.56%	5.56%	5.56%	5.56%	0.00%	5.56%	5.56%	5.56%	5.56%	5.56%
PNAs	32.69%	29.96%	27.50%	26.36%	17.27%	18.41%	12.50%	7.27%	9.55%	7.95%	9.32%	13.18%	12.27%	12.27%	10.00%
Pharmacist										50.0%	50.0%	50.0%	50.0%	50.0%	50.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital

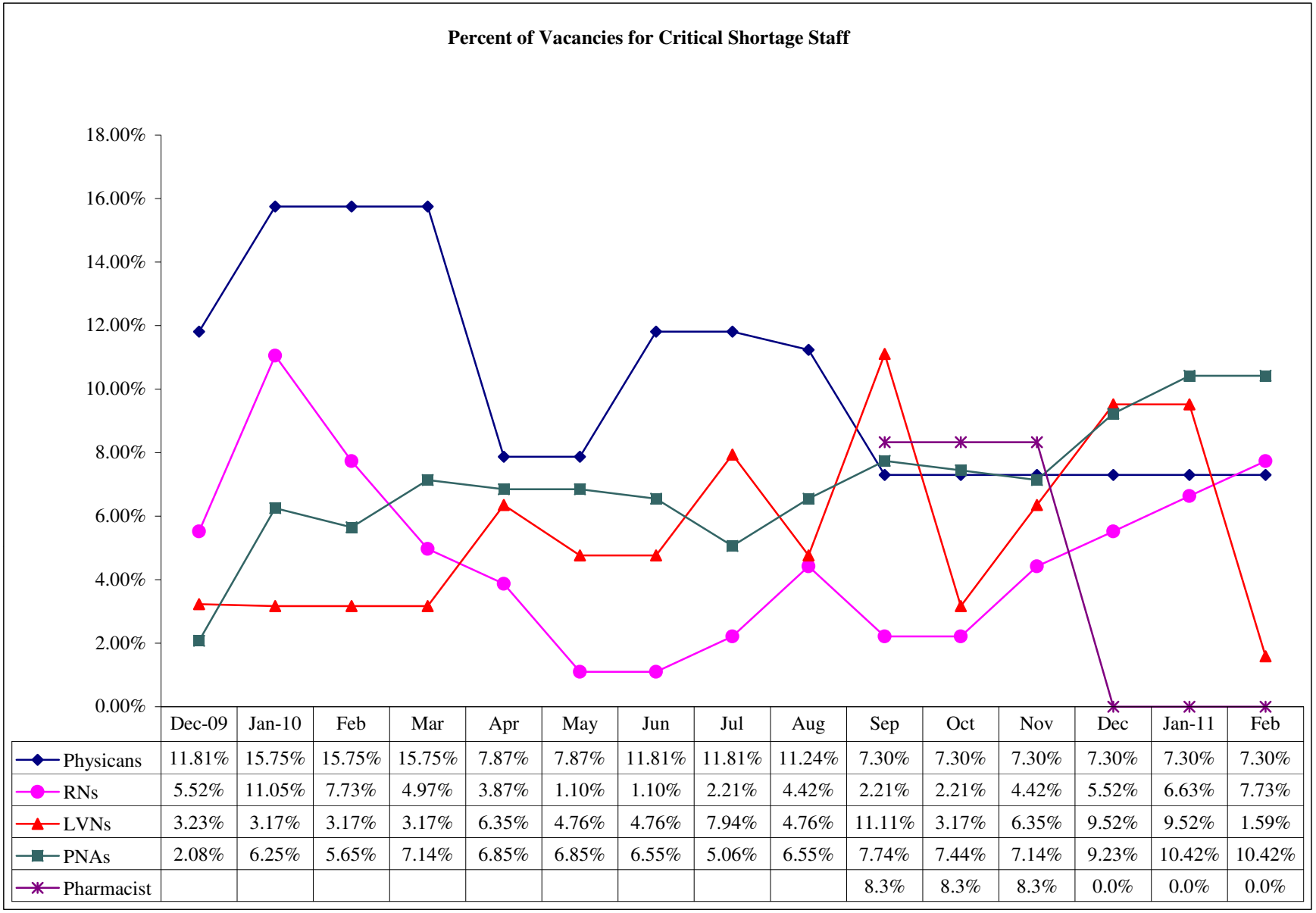


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	14.21%	14.21%	14.21%	8.74%	8.74%	8.74%	14.21%	11.30%	16.39%	16.39%	16.39%	16.39%	21.86%	21.86%	21.86%
RNs	3.77%	13.68%	15.09%	14.15%	13.21%	14.15%	8.49%	12.26%	14.15%	16.98%	17.92%	16.04%	14.15%	13.21%	12.26%
LVNs	12.28%	12.28%	12.28%	10.53%	10.53%	8.77%	10.53%	12.28%	10.53%	7.02%	3.51%	5.26%	10.34%	12.07%	13.79%
PNAs	8.49%	7.74%	5.00%	6.99%	6.49%	5.99%	9.24%	7.24%	8.49%	7.49%	5.00%	5.74%	2.75%	3.25%	5.26%
Pharmacist										0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital

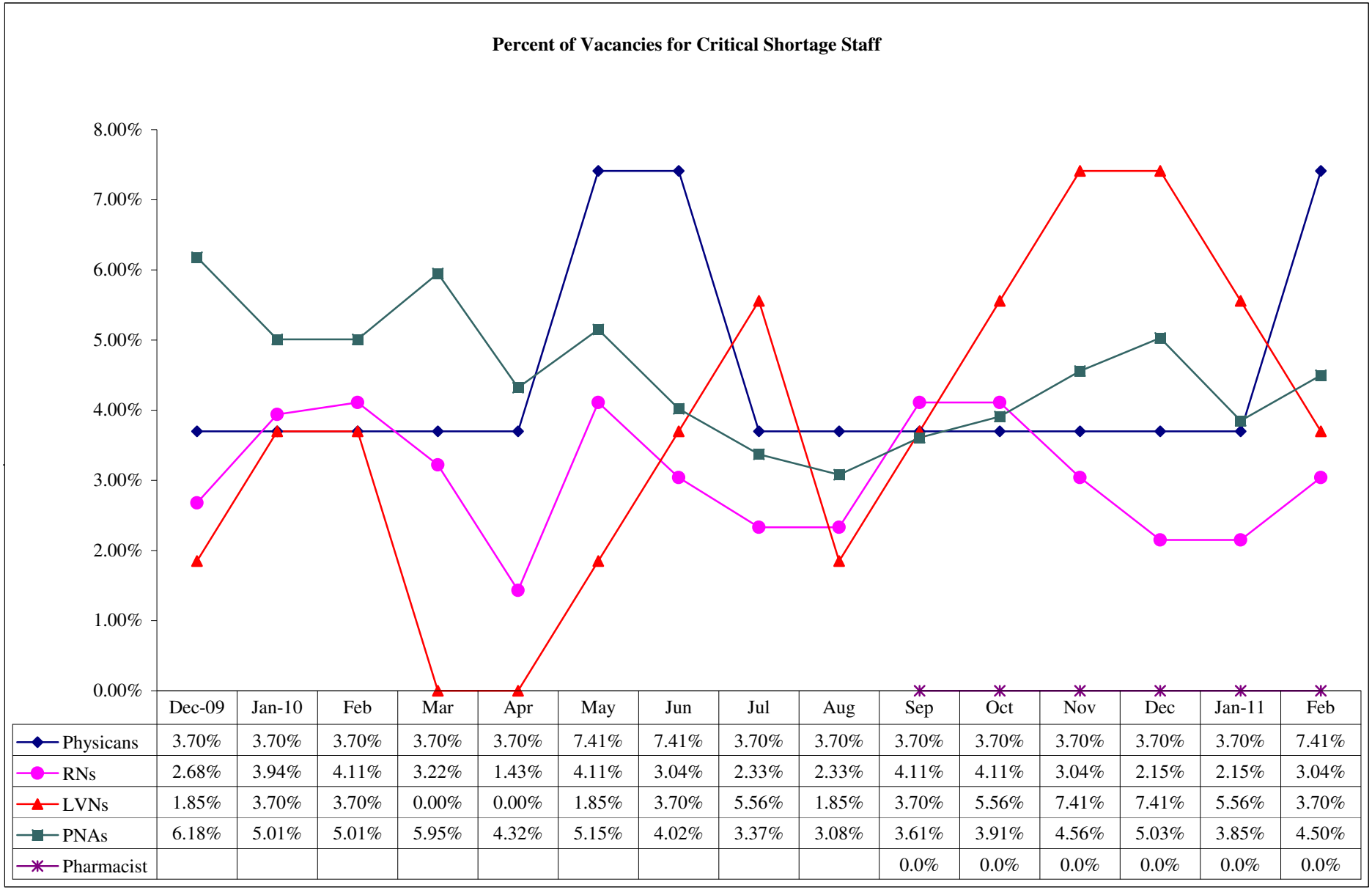


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	11.81%	15.75%	15.75%	15.75%	7.87%	7.87%	11.81%	11.81%	11.24%	7.30%	7.30%	7.30%	7.30%	7.30%	7.30%
RNs	5.52%	11.05%	7.73%	4.97%	3.87%	1.10%	1.10%	2.21%	4.42%	2.21%	2.21%	4.42%	5.52%	6.63%	7.73%
LVNs	3.23%	3.17%	3.17%	3.17%	6.35%	4.76%	4.76%	7.94%	4.76%	11.11%	3.17%	6.35%	9.52%	9.52%	1.59%
PNAs	2.08%	6.25%	5.65%	7.14%	6.85%	6.85%	6.55%	5.06%	6.55%	7.74%	7.44%	7.14%	9.23%	10.42%	10.42%
Pharmacist										8.3%	8.3%	8.3%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital

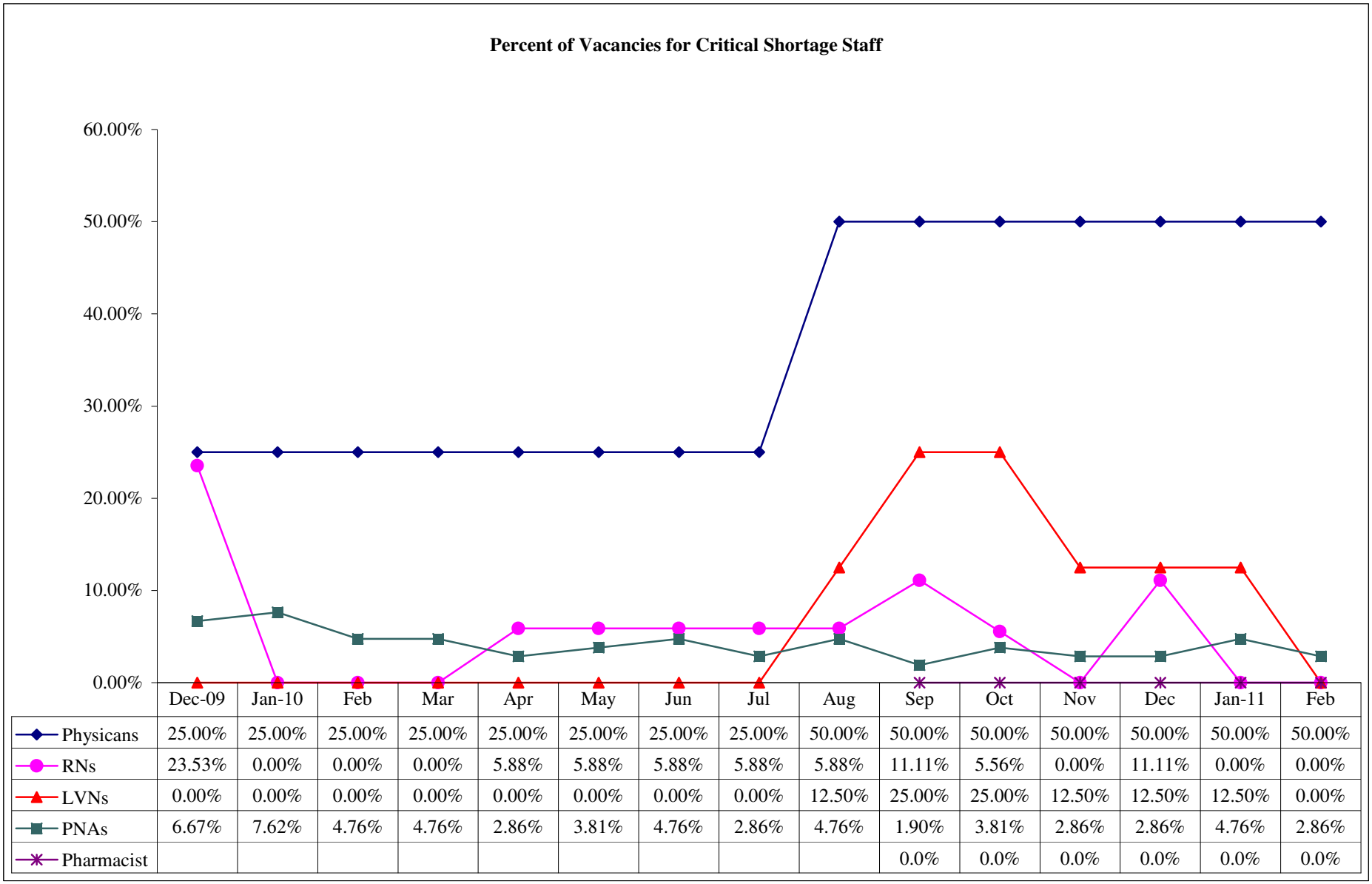


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	3.70%	3.70%	3.70%	3.70%	3.70%	7.41%	7.41%	3.70%	3.70%	3.70%	3.70%	3.70%	3.70%	3.70%	7.41%
RNs	2.68%	3.94%	4.11%	3.22%	1.43%	4.11%	3.04%	2.33%	2.33%	4.11%	4.11%	3.04%	2.15%	2.15%	3.04%
LVNs	1.85%	3.70%	3.70%	0.00%	0.00%	1.85%	3.70%	5.56%	1.85%	3.70%	5.56%	7.41%	7.41%	5.56%	3.70%
PNAs	6.18%	5.01%	5.01%	5.95%	4.32%	5.15%	4.02%	3.37%	3.08%	3.61%	3.91%	4.56%	5.03%	3.85%	4.50%
Pharmacist										0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth

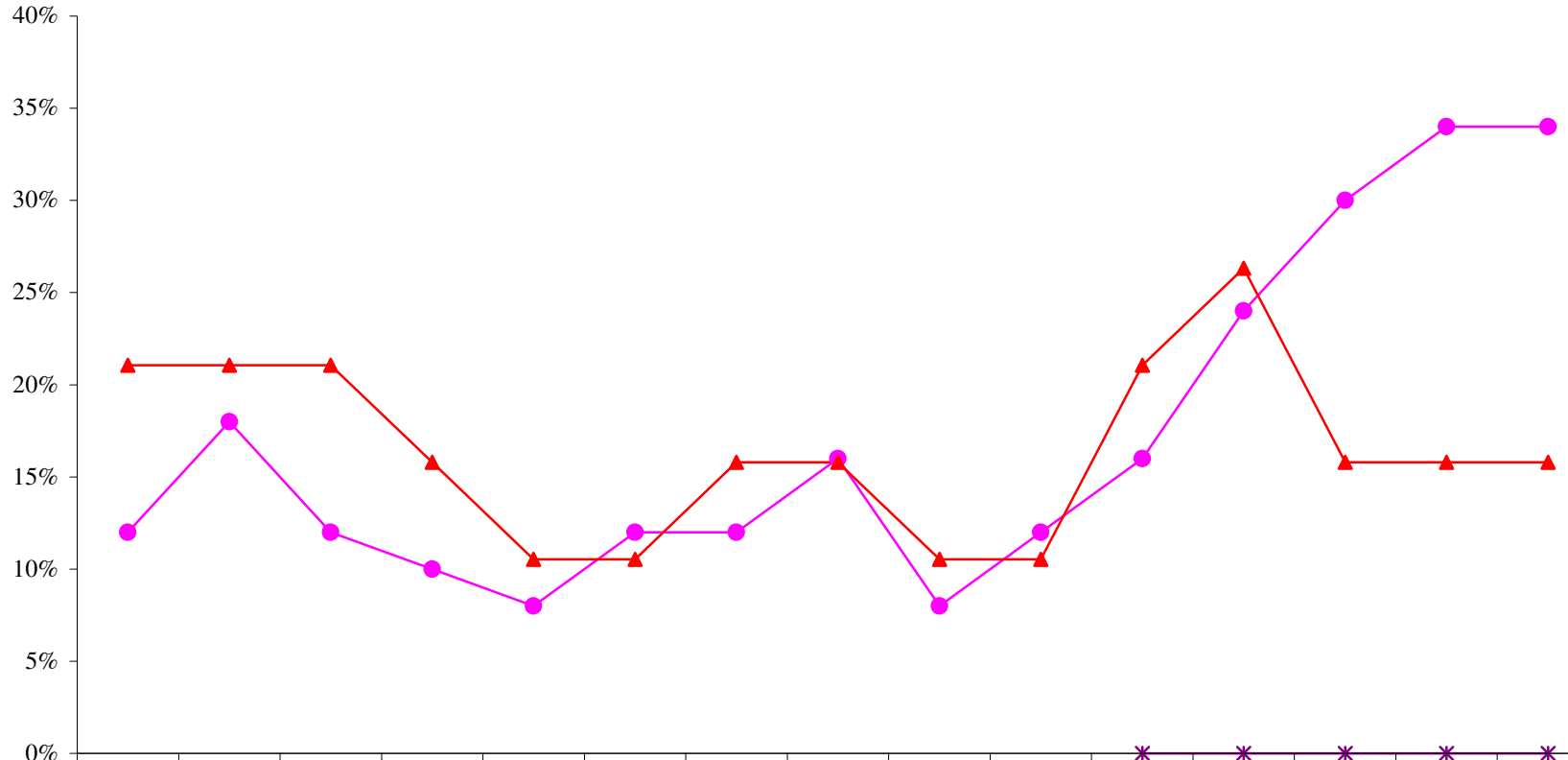


	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
RNs	23.53%	0.00%	0.00%	0.00%	5.88%	5.88%	5.88%	5.88%	5.88%	11.11%	5.56%	0.00%	11.11%	0.00%	0.00%
LVNs	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.50%	25.00%	25.00%	12.50%	12.50%	12.50%	0.00%
PNAs	6.67%	7.62%	4.76%	4.76%	2.86%	3.81%	4.76%	2.86%	4.76%	1.90%	3.81%	2.86%	2.86%	4.76%	2.86%
Pharmacist										0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease



	Dec-09	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Physicans															
RNs	12.00%	18.00%	12.00%	10.00%	8.00%	12.00%	12.00%	16.00%	8.00%	12.00%	16.00%	24.00%	30.00%	34.00%	34.00%
LVNs	21.05%	21.05%	21.05%	15.79%	10.53%	10.53%	15.79%	15.79%	10.53%	10.53%	21.05%	26.32%	15.79%	15.79%	15.79%
PNAs															
Pharmacist											0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Performance Measure 8C:

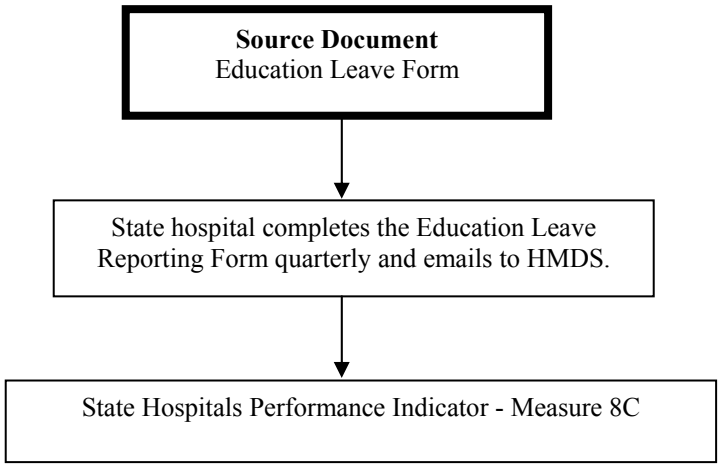
Report number of staff members currently utilizing education leave and the area of study.

Performance Measure Operational Definition: The statewide number of staff members currently utilizing education leave will be maintained.

Performance Measure Formula: No formula, continuous variable.

Performance Measure Data Display and Chart Description:
Table shows number of staff members currently utilizing education leave and the area of study for individual state hospitals and system-wide.

Data Flow:



Measure 8C - Staff Members Utilizing Education Leave
All State Hospitals - FY2011

	Q1	Q2	Q3	Q4
Austin State Hospital	8	6		
Big Spring State Hospital	3	4		
El Paso Psychiatric Center	0	0		
Kerrville State Hospital	1	3		
North Texas State Hospital	28	30		
Rio Grande State Center	0	0		
Rusk State Hospital	22	16		
San Antonio State Hospital	3	5		
Terrell State Hospital	16	15		
Waco Center for Youth	1	1		
TCID	2	2		
All State Hospitals	**84**	**82**		

	Q1	Q2	Q3	Q4
Associate Degree		1		
Barber	1	1		
Biology		1		
Business		2		
Dietician/Nutrition	1	1		
IT	1	1		
Management	2	1		
Nursing	64	61		
Nurse Practitioner	2	3		
O. Therapy				
Pharmacist	2	2		
Pharmacy Tech				
Post-Doctoral Neuropsychology	1	1		
Psychology	2	2		
Public Health	1			
Radiology				
Social Work	5	4		
Sociology				
Therapeutic Recreation	2	1		
Unknown				
All State Hospitals	**84**	**82**		

Table: Hospital Management Data Services

Source: Facility Form

GOAL 9: Improve Organizational Performance

Performance Objective 9A:

Report satisfaction surveys from child patients and their parent(s) or the legally authorized representative. Satisfaction with treatment and safe milieu provided in state psychiatric hospitals will be demonstrated by achieving the average score on the Patient Satisfaction Surveys (PSAT).

1. **An average score of "4" on the Parent Satisfaction Survey**
2. **An average score of "1.7" on the Children Satisfaction Survey**

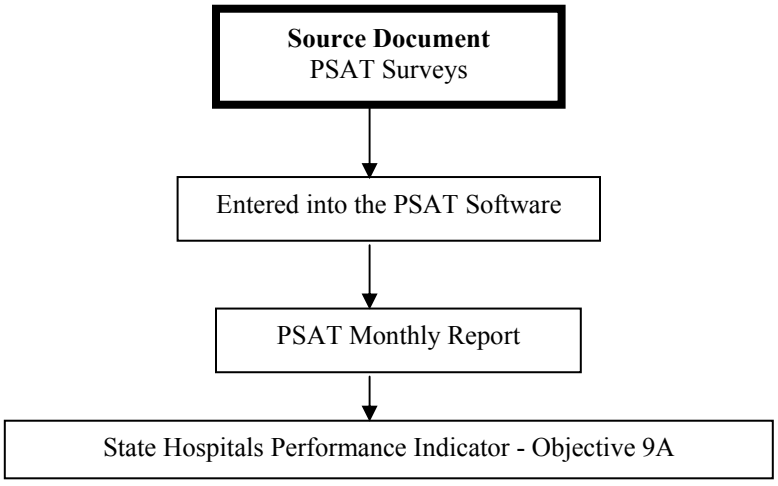
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

Performance Objective Formula: PSAT System gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

Performance Objective Data Display and Chart Description:

- Bar chart showing scores for individual state hospitals.
- Line chart with monthly data points of children scores and parent scores for individual state hospitals and system-wide.

Data Flow:

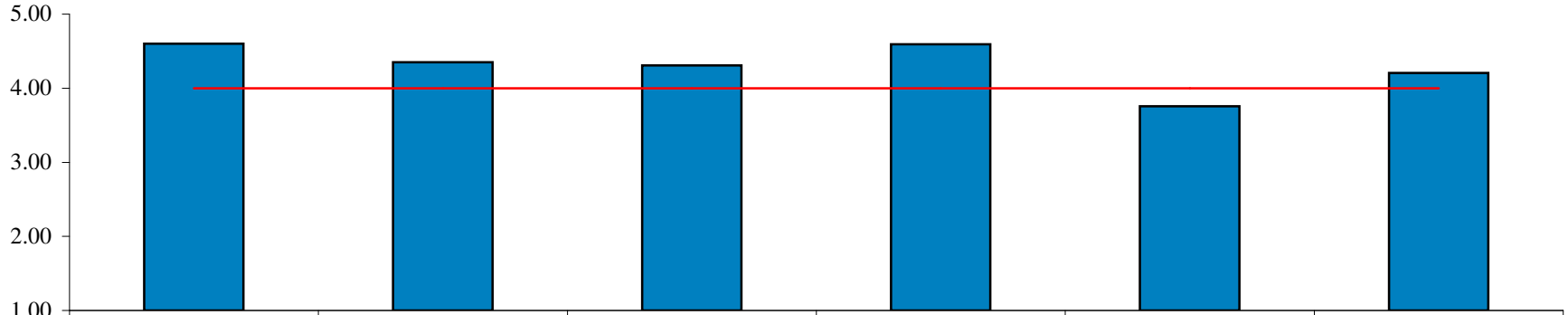


Objective 9A - Patient Satisfaction

Children and Parents will be Satisfied with Treatment and Safe Milieu

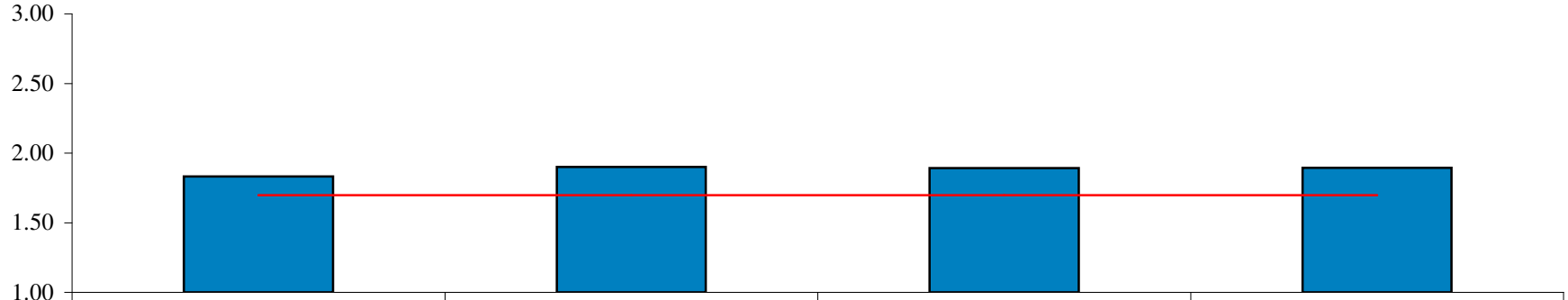
All State MH Hospitals

Parents will be Satisfied with Care
Q2 FY11



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Score	4.60	4.35	4.31	4.59	3.76	4.21
Expectation	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care
Q2 FY11



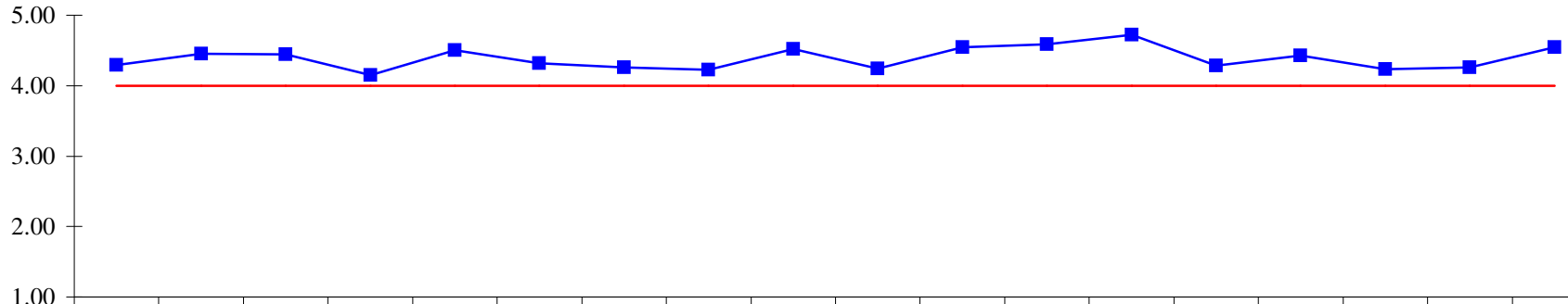
	ASH	EPPC	NTSH	TSH
Score	1.833	1.901	1.893	1.894
Expectation	1.698	1.698	1.698	1.698

Chart: Hospital Management Data Services

Source: PSAT

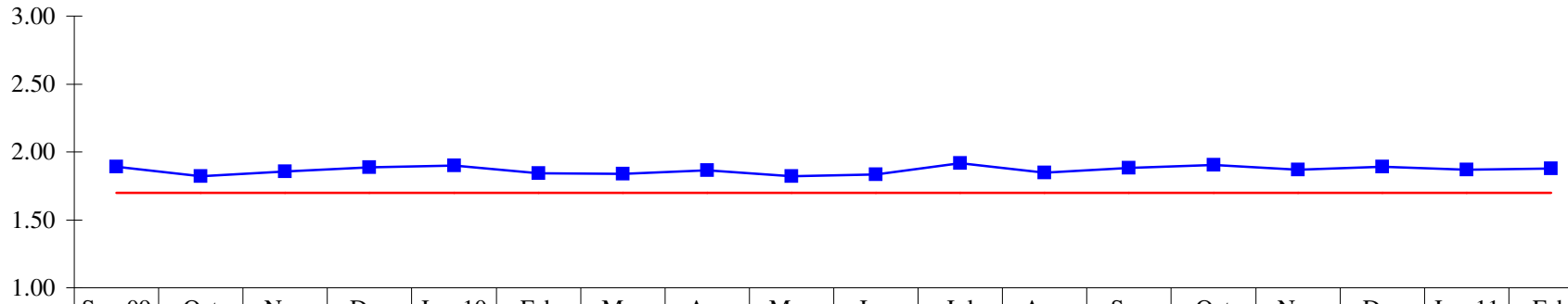
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State MH Hospitals

Parents will be Satisfied with Care



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Surveys	44	52	49	37	28	30	44	57	43	27	30	44	29	33	34	41	17	33
Score	4.29	4.45	4.44	4.15	4.51	4.32	4.26	4.22	4.52	4.24	4.55	4.59	4.72	4.28	4.43	4.23	4.26	4.55
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



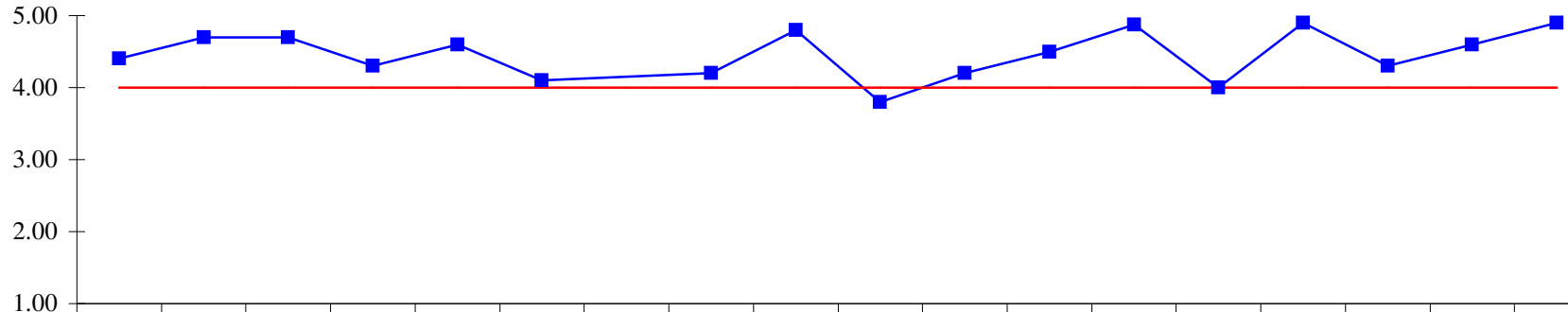
	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Surveys	22	7	10	15	8	11	13	20	15	12	14	21	5	8	14	21	10	17
Score	1.89	1.82	1.86	1.89	1.90	1.84	1.84	1.86	1.82	1.84	1.92	1.85	1.88	1.91	1.87	1.89	1.87	1.88
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

Chart: Hospital Management Data Services

Source: PSAT

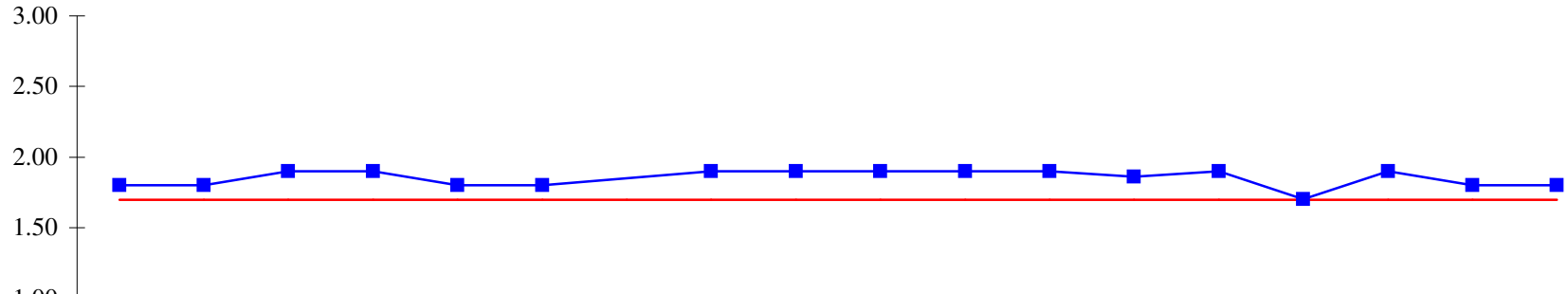
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital

Parents will be Satisfied with Care



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar*	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Surveys	9	15	10	13	6	4		10	2	5	5	8	5	2	2	11	3	10
Score	4.40	4.70	4.70	4.30	4.60	4.10		4.20	4.80	3.80	4.20	4.50	4.87	4.00	4.90	4.30	4.60	4.90
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar*	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Surveys	10	3	2	6	7	1		7	6	3	2	3	3	3	5	3	1	3
Score	1.800	1.800	1.900	1.900	1.800	1.800		1.900	1.900	1.900	1.900	1.900	1.860	1.900	1.700	1.900	1.800	1.800
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

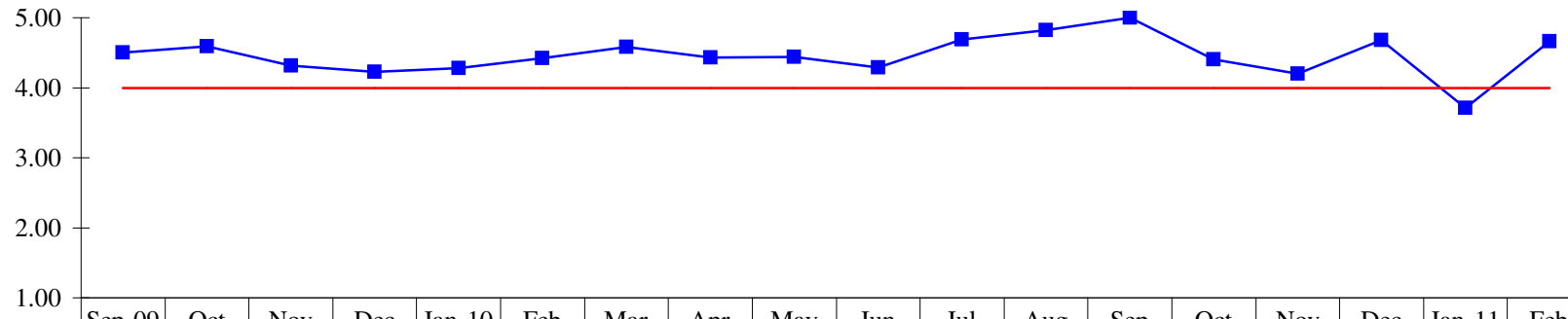
*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

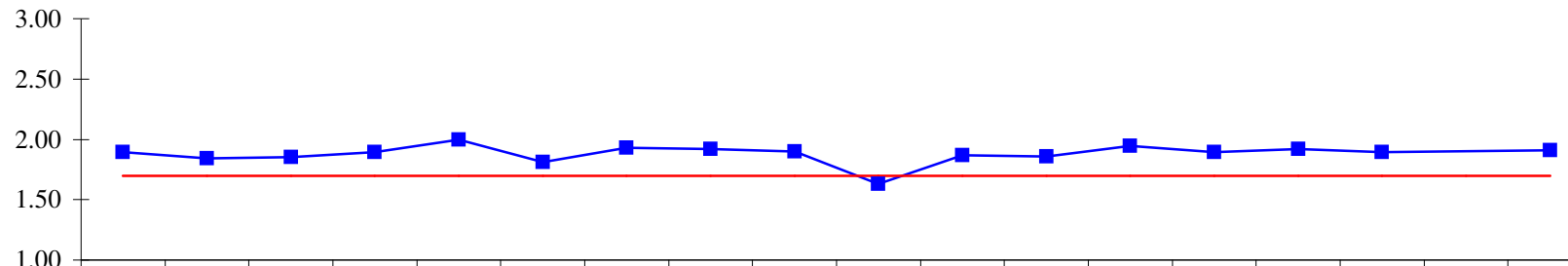
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
El Paso Psychiatric Center

Parents will be Satisfied with Care



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Surveys	15	10	13	8	9	10	14	17	14	8	8	7	2	12	9	6	2	6
Score	4.50	4.59	4.31	4.22	4.28	4.42	4.59	4.43	4.44	4.29	4.69	4.82	5.00	4.40	4.20	4.68	3.71	4.66
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11*	Feb
Surveys	8	4	4	4	1	5	3	2	7	2	2	3	1	3	2	2		4
Score	1.894	1.842	1.855	1.894	2.000	1.810	1.929	1.921	1.900	1.631	1.868	1.859	1.947	1.894	1.921	1.894		1.907
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

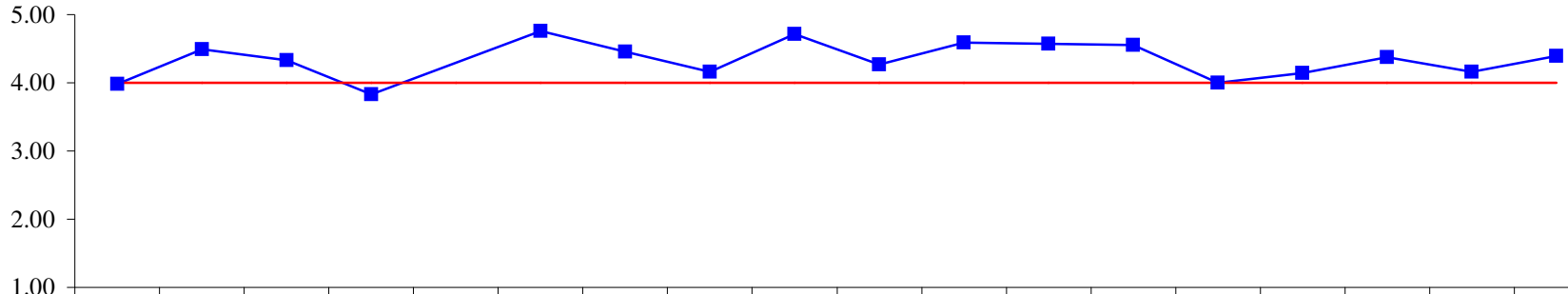
*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

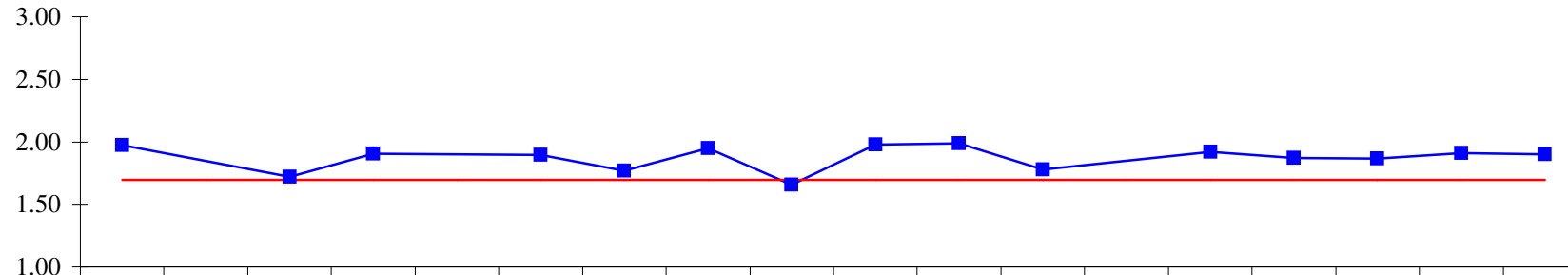
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
North Texas State Hospital

Parents will be Satisfied with Care



	Sep-09	Oct	Nov	Dec	Jan-10*	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Surveys	8	4	7	2		4	11	9	5	4	7	11	5	4	11	10	5	4
Score	3.98	4.49	4.33	3.83		4.76	4.45	4.16	4.72	4.27	4.59	4.58	4.56	4.00	4.14	4.37	4.16	4.39
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



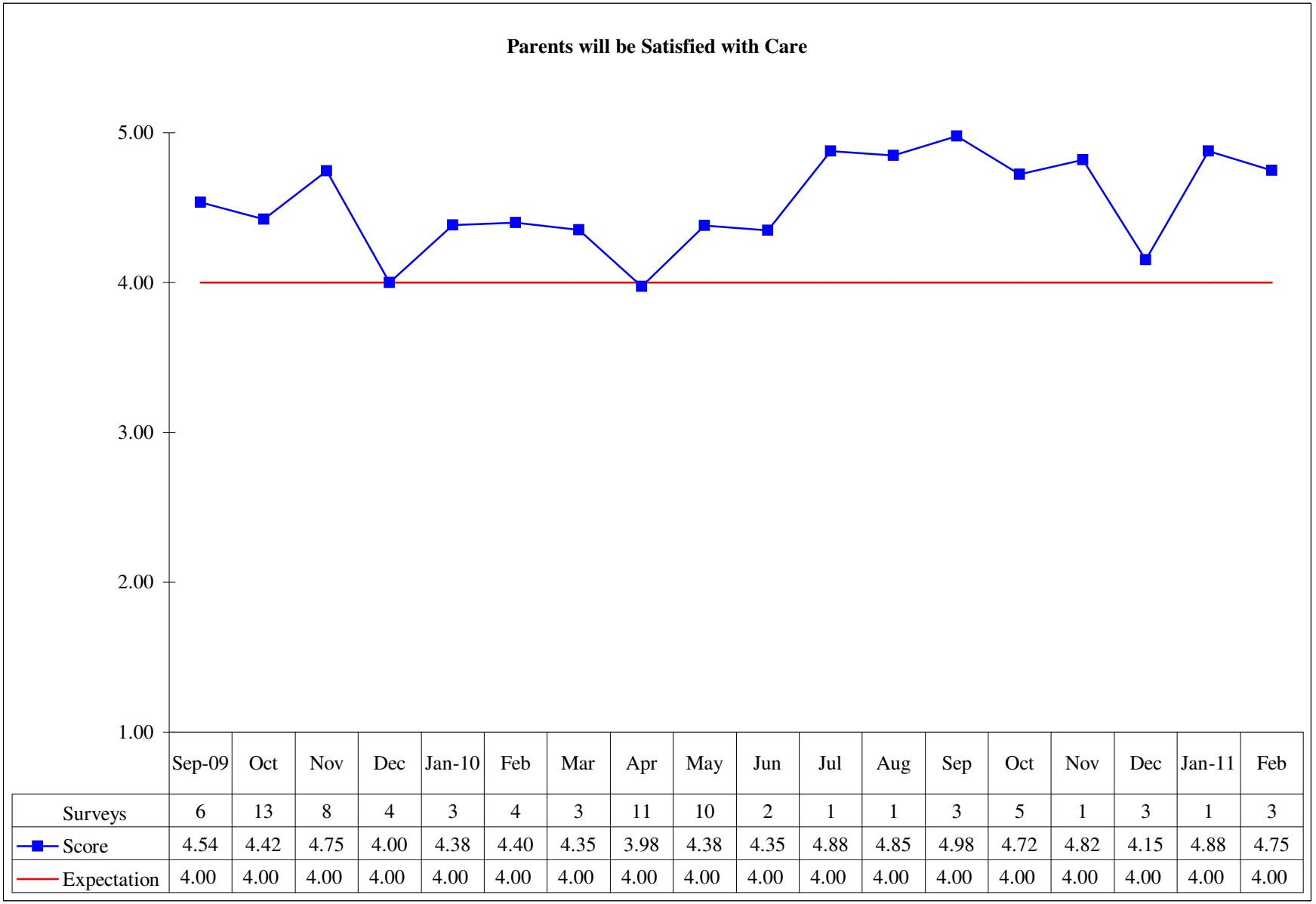
	Sep-09	Oct	Nov	Dec	Jan-10*	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep*	Oct	Nov	Dec	Jan-11	Feb
Surveys	2		3	4		3	6	10	2	7	10	15		2	5	13	6	7
Score	1.973		1.719	1.907		1.894	1.771	1.947	1.657	1.977	1.989	1.778		1.921	1.873	1.866	1.912	1.902
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
San Antonio State Hospital



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Surveys	6	13	8	4	3	4	3	11	10	2	1	1	3	5	1	3	1	3
Score	4.54	4.42	4.75	4.00	4.38	4.40	4.35	3.98	4.38	4.35	4.88	4.85	4.98	4.72	4.82	4.15	4.88	4.75
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

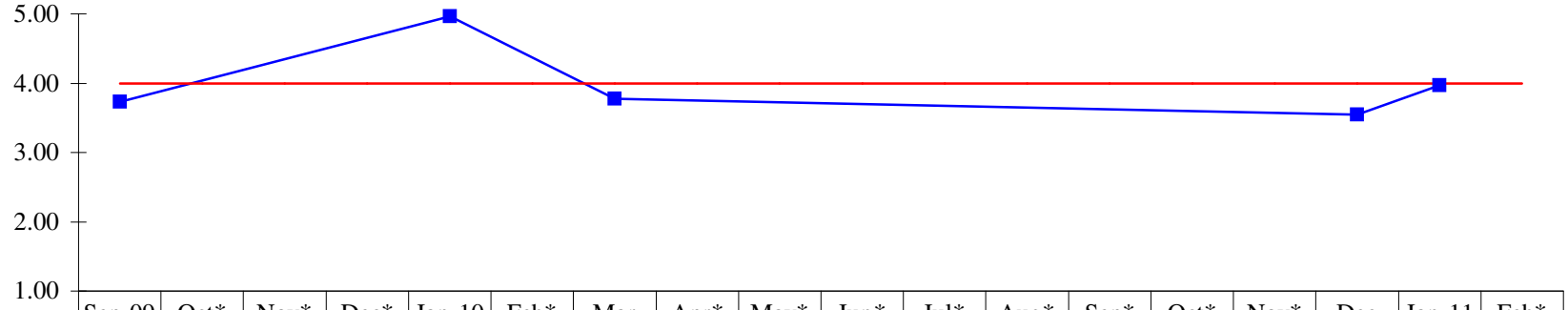
*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

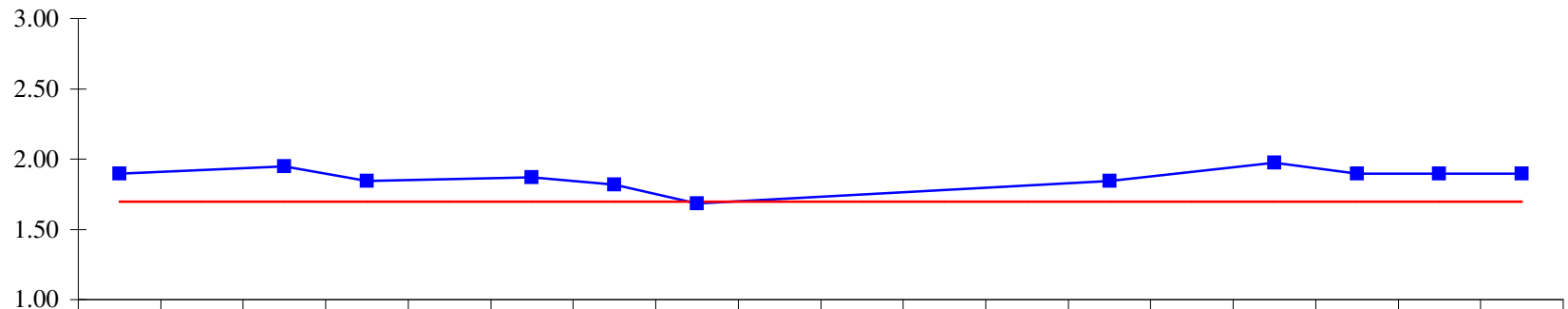
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Terrell State Hospital

Parents will be Satisfied with Care



	Sep-09	Oct*	Nov*	Dec*	Jan-10	Feb*	Mar	Apr*	May*	Jun*	Jul*	Aug*	Sep*	Oct*	Nov*	Dec	Jan-11	Feb*
Surveys	2				1		2									1	1	
Score	3.73				4.97		3.77									3.55	3.97	
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



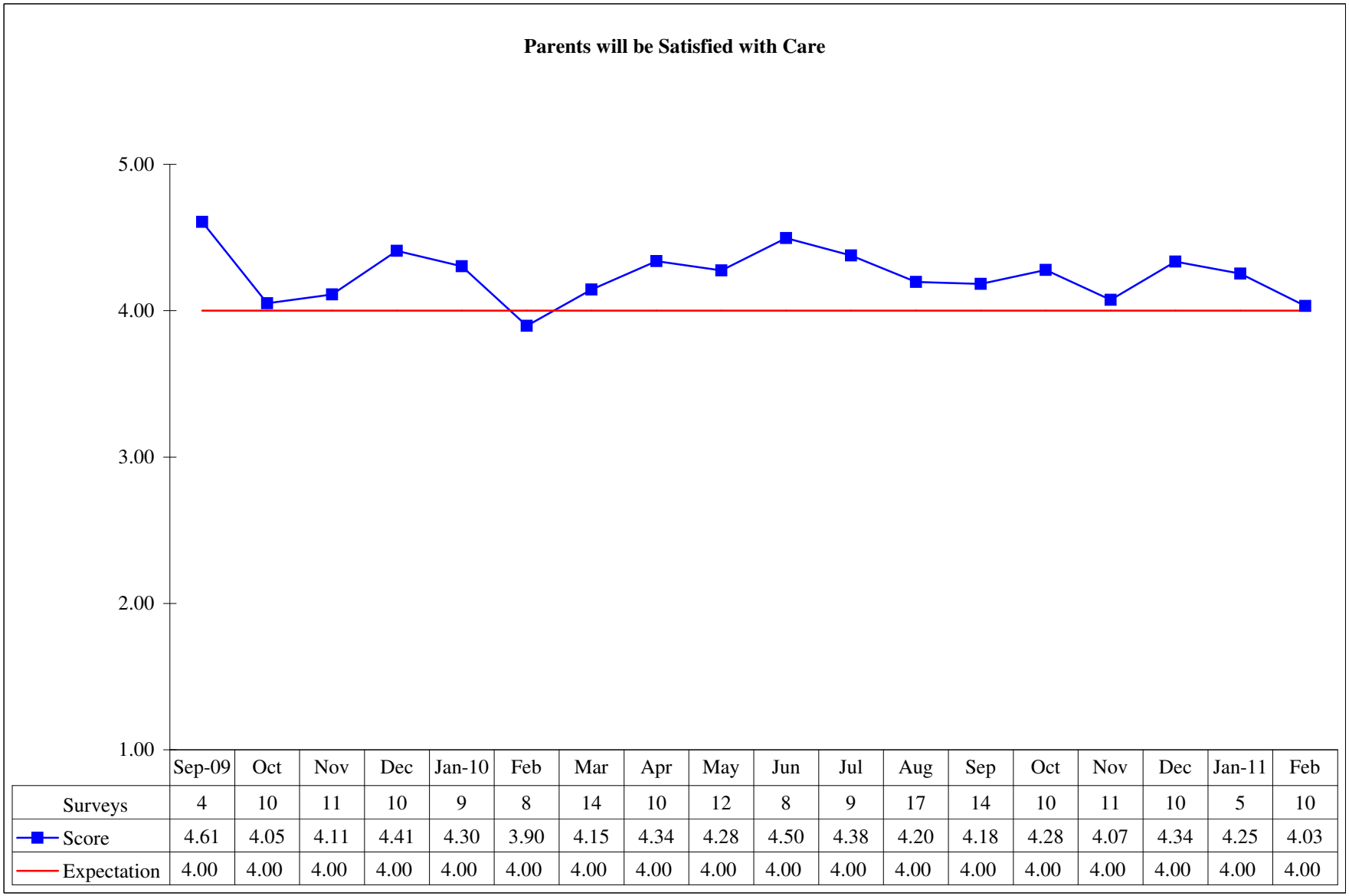
	Sep-09	Oct*	Nov	Dec	Jan-10*	Feb	Mar	Apr	May*	Jun*	Jul*	Aug*	Sep	Oct*	Nov	Dec	Jan-11	Feb
Surveys	2		1	1		2	4	1					1		2	3	3	3
Score	1.894		1.947	1.842		1.868	1.82	1.68					1.84		1.97	1.89	1.89	1.89
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Waco Center for Youth



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Surveys	4	10	11	10	9	8	14	10	12	8	9	17	14	10	11	10	5	10
Score	4.61	4.05	4.11	4.41	4.30	3.90	4.15	4.34	4.28	4.50	4.38	4.20	4.18	4.28	4.07	4.34	4.25	4.03
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Chart: Hospital Management Data Services

Source: PSAT

Performance Objective 9B:

Report adults and adolescents patients' satisfaction with their care as represented by achieving an average score of 3.60 on the NRI Inpatient Consumer Survey (MHSIP).

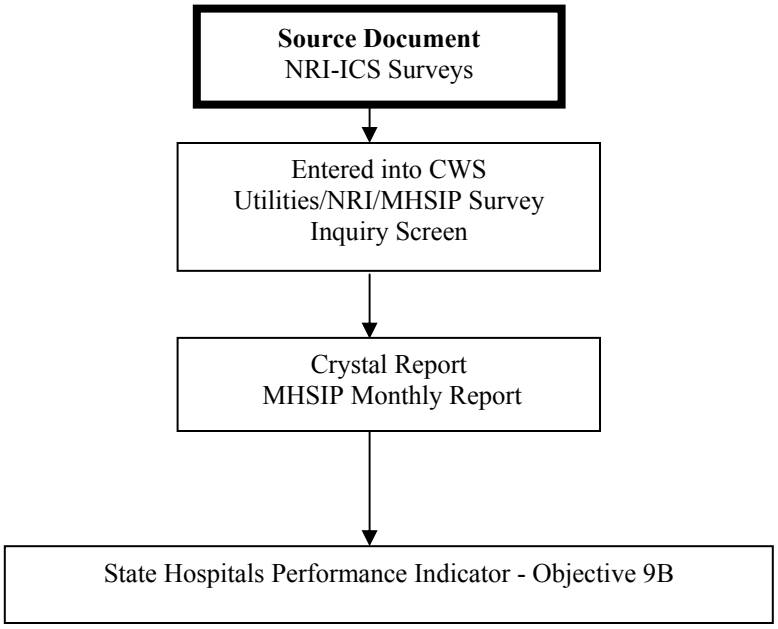
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

Performance Objective Formula: NRI-ICS gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

Performance Objective Data Display and Chart Description:

- Bar chart showing scores for individual state hospitals.
- Bar chart showing percentages of discharges surveyed for individual state hospitals.
- Control chart with monthly data points of scores for individual state hospitals and system-wide.
- Chart shows number of surveys, number of discharges and the percentage of discharges surveyed for individual state hospitals.

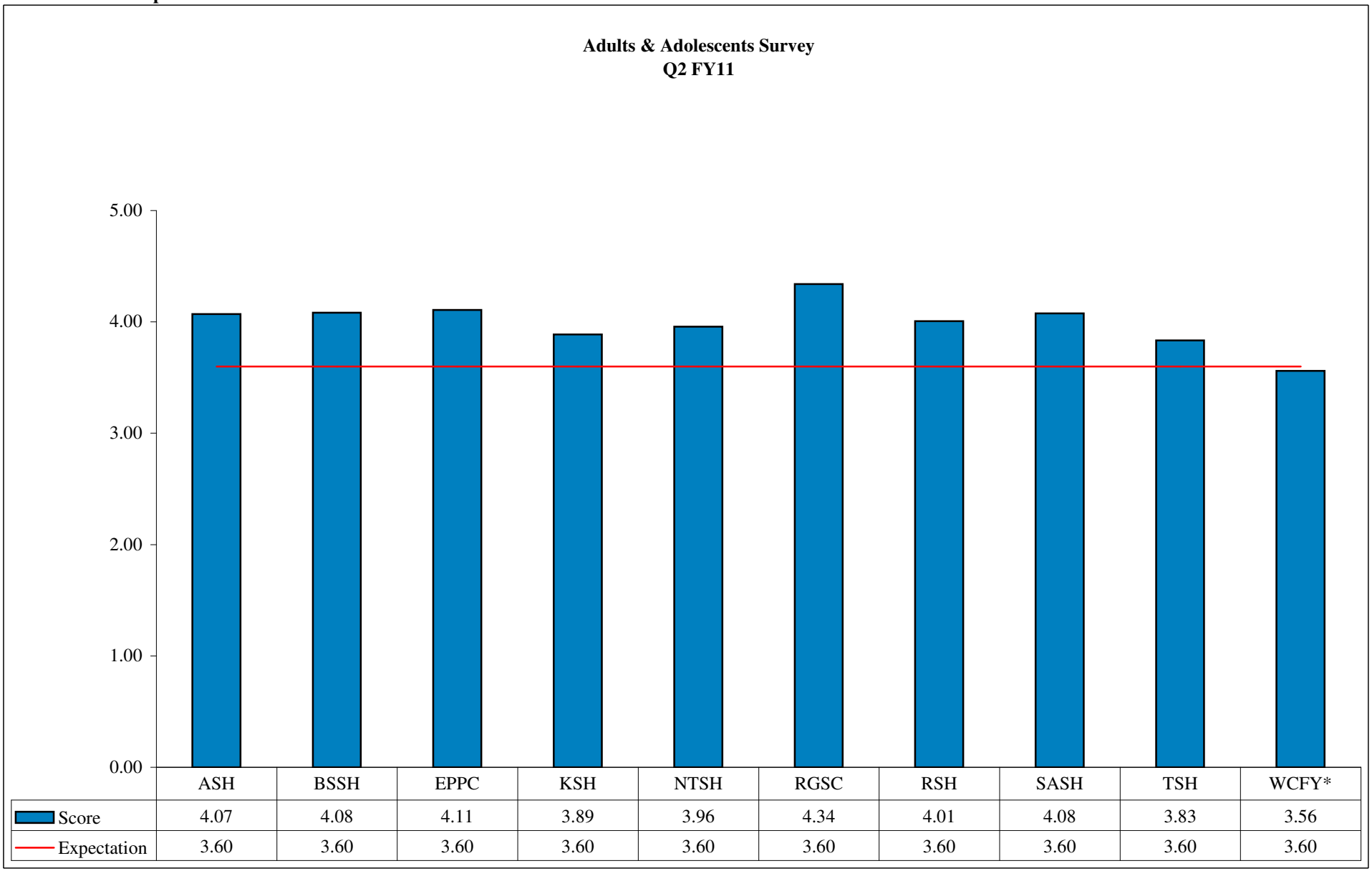
Data Flow:



Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

All State MH Hospitals



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Score	4.07	4.08	4.11	3.89	3.96	4.34	4.01	4.08	3.83	3.56
Expectation	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60

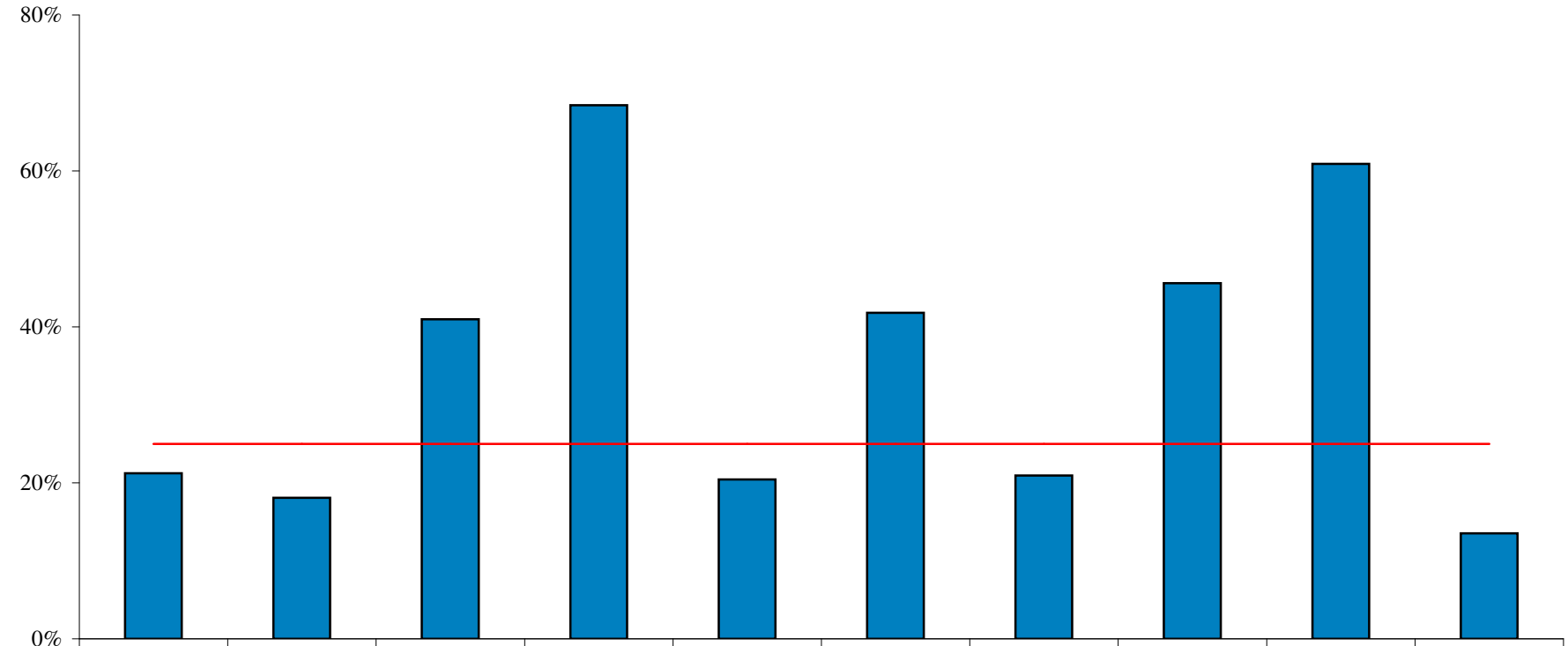
*WCFY - Adolescent Surveys Only

Chart: Hospital Management Data Services

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All State MH Hospitals

Percentage of Adult &Adolescent Surveys Completed
Q2 FY11



	ASH	BSSH	EPPC	KSH**	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	886	221	144	19	548	256	215	465	688	37
Surveys	188	40	59	13	112	107	45	212	419	5
% Surveyed	21%	18%	41%	68%	20%	42%	21%	46%	61%	14%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

*WCFY - Adolescent Surveys Only

**KSH - Provide surveys on request & offer them to annual reviews.

Chart: Hospital Management Data Services

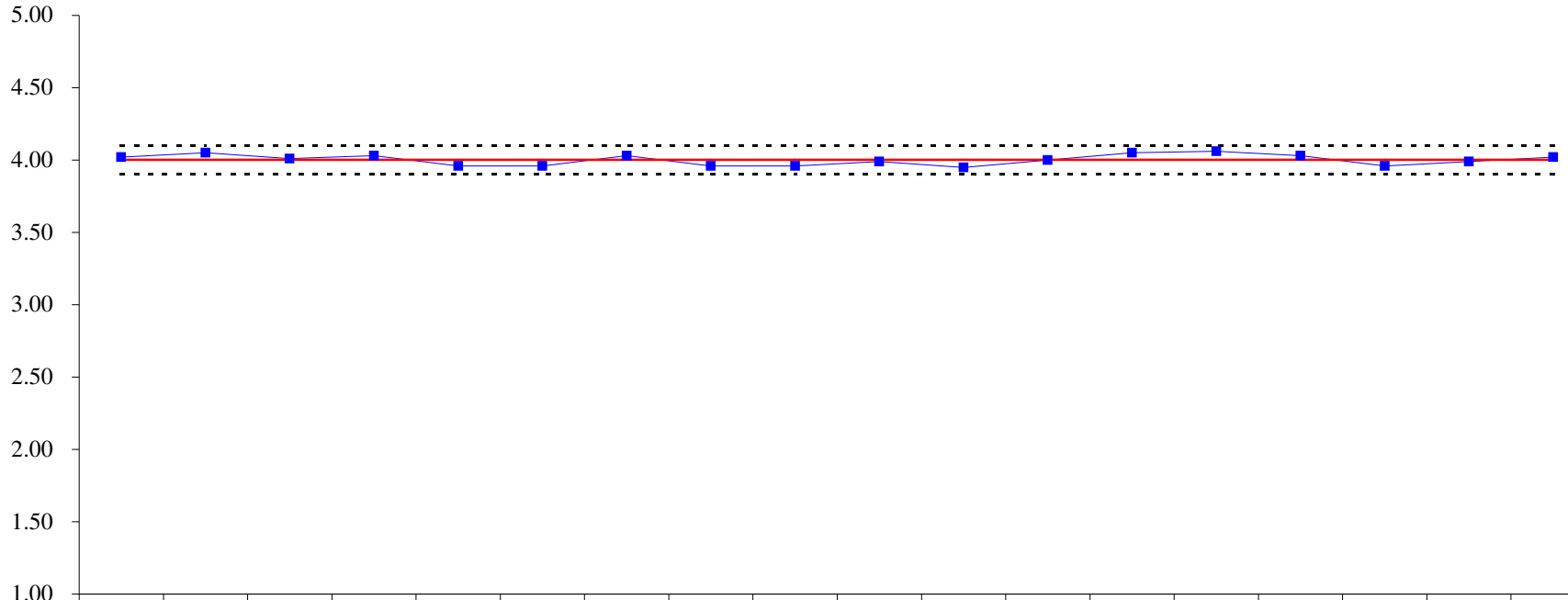
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

All State MH Hospitals

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	4.02	4.05	4.01	4.03	3.96	3.96	4.03	3.96	3.96	3.99	3.95	4.00	4.05	4.06	4.03	3.96	3.99	4.02
Surveys	430	443	321	394	379	378	394	379	378	502	394	414	421	460	367	421	391	388
Discharges	1266	1322	1127	1277	1166	1119	1277	1166	1119	1262	1283	1293	1287	1254	1167	1252	1148	1079
% Sampled	34%	34%	28%	31%	33%	34%	31%	33%	34%	40%	31%	32%	33%	37%	31%	34%	34%	36%
UCL	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10
Avg	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
LCL	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

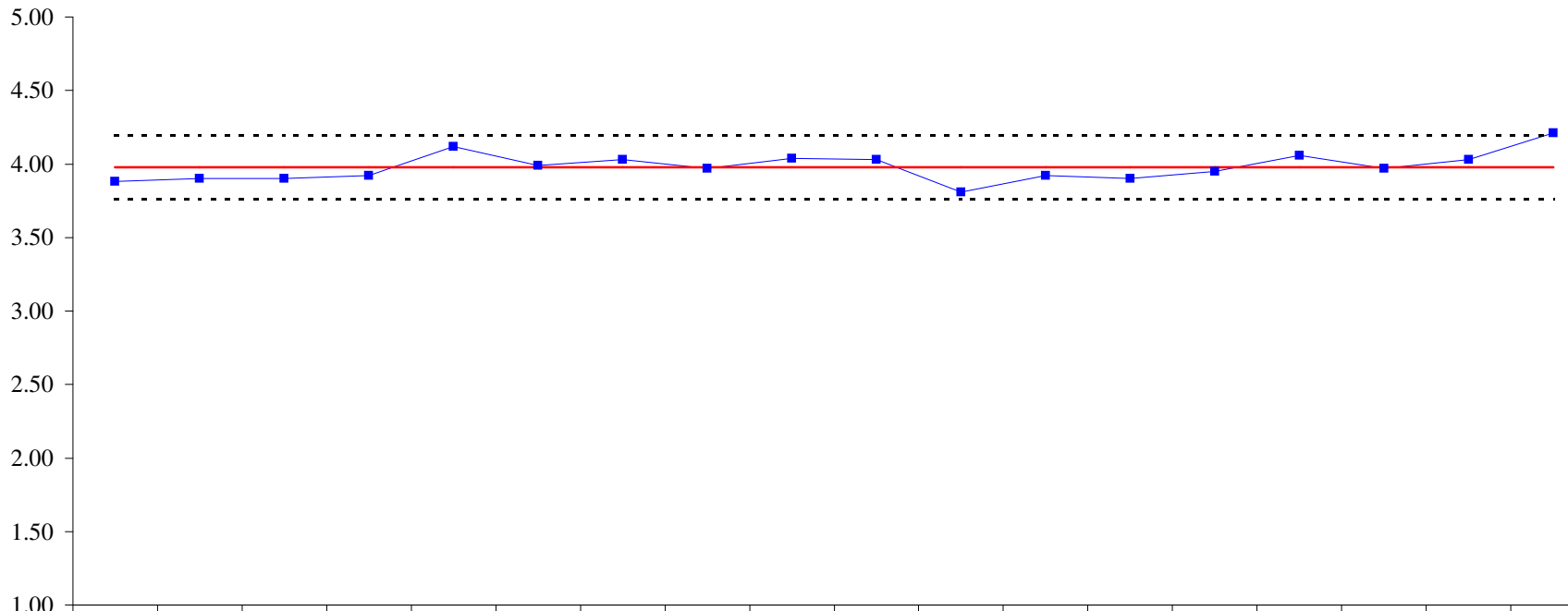
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Austin State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	3.88	3.90	3.90	3.92	4.12	3.99	4.03	3.97	4.04	4.03	3.81	3.92	3.90	3.95	4.06	3.97	4.03	4.21
Surveys	59	60	30	70	52	53	75	66	69	93	81	64	70	82	58	81	65	42
Discharges	329	345	320	309	273	287	341	338	277	291	331	284	325	314	306	315	298	273
% Sampled	18%	17%	9%	23%	19%	18%	22%	20%	25%	32%	24%	23%	22%	26%	19%	26%	22%	15%
UCL	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
Avg	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
LCL	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

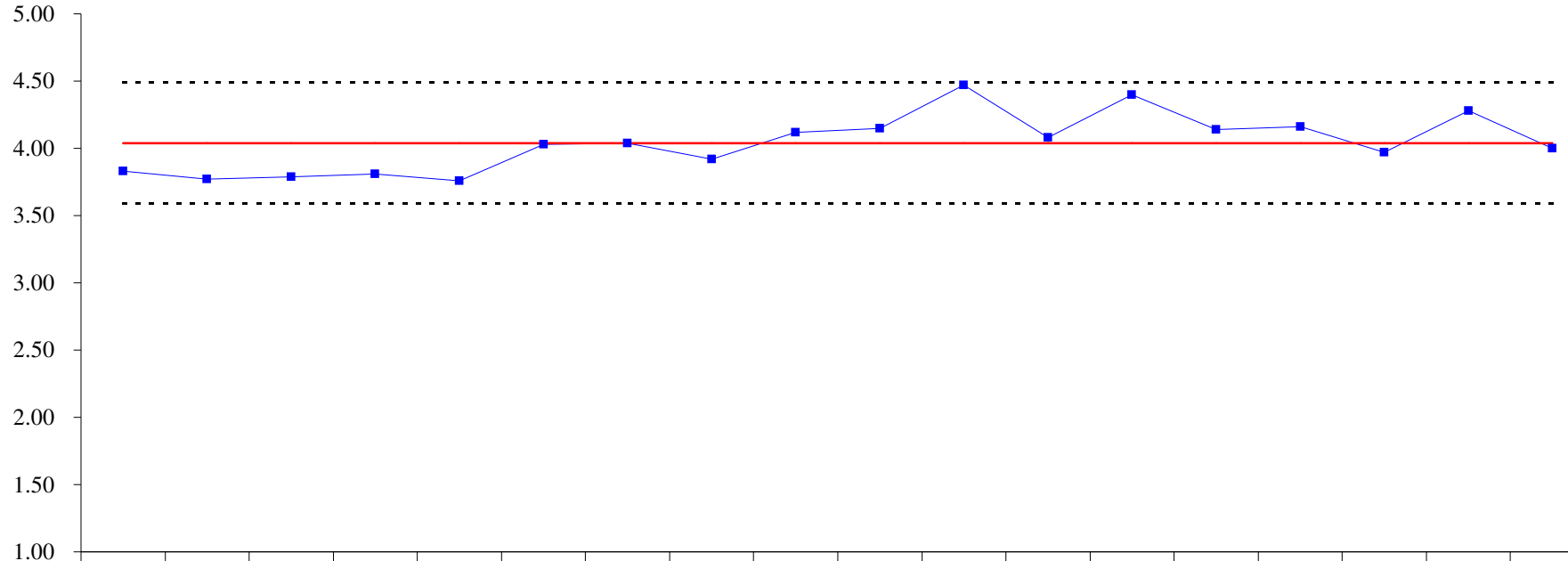
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Big Spring State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	3.83	3.77	3.79	3.81	3.76	4.03	4.04	3.92	4.12	4.15	4.47	4.08	4.40	4.14	4.16	3.97	4.28	4.00
Surveys	38	15	16	12	15	8	12	10	8	14	5	14	10	14	10	13	12	15
Discharges	99	93	84	96	87	61	94	86	69	87	78	88	81	66	60	81	64	76
% Sampled	38%	16%	19%	13%	17%	13%	13%	12%	12%	16%	6%	16%	12%	21%	17%	16%	19%	20%
UCL	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49
Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
LCL	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

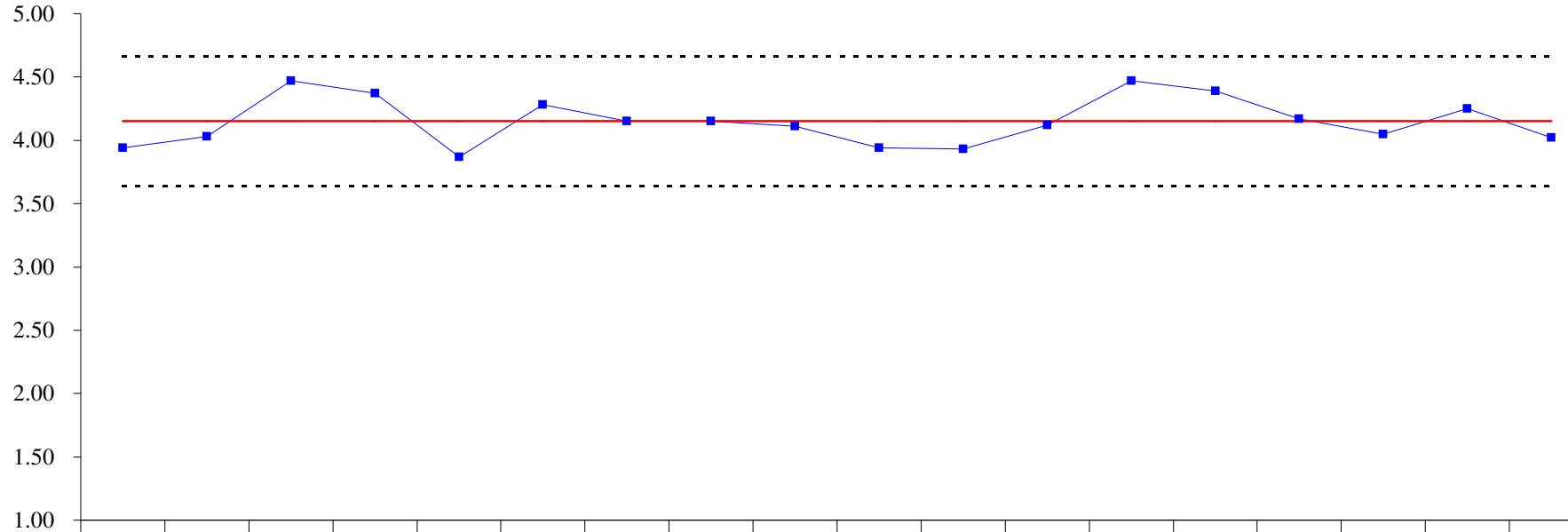
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

El Paso Psychiatric Center

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	3.94	4.03	4.47	4.37	3.87	4.28	4.15	4.15	4.11	3.94	3.93	4.12	4.47	4.39	4.17	4.05	4.25	4.02
Surveys	26	34	26	16	24	20	37	37	19	15	10	27	12	17	17	15	11	33
Discharges	79	78	68	60	60	68	68	69	62	52	50	73	46	53	59	49	43	52
% Sampled	33%	44%	38%	27%	40%	29%	54%	54%	31%	55%	20%	37%	55%	32%	29%	55%	26%	63%
UCL	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66	4.66
Avg	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15
LCL	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

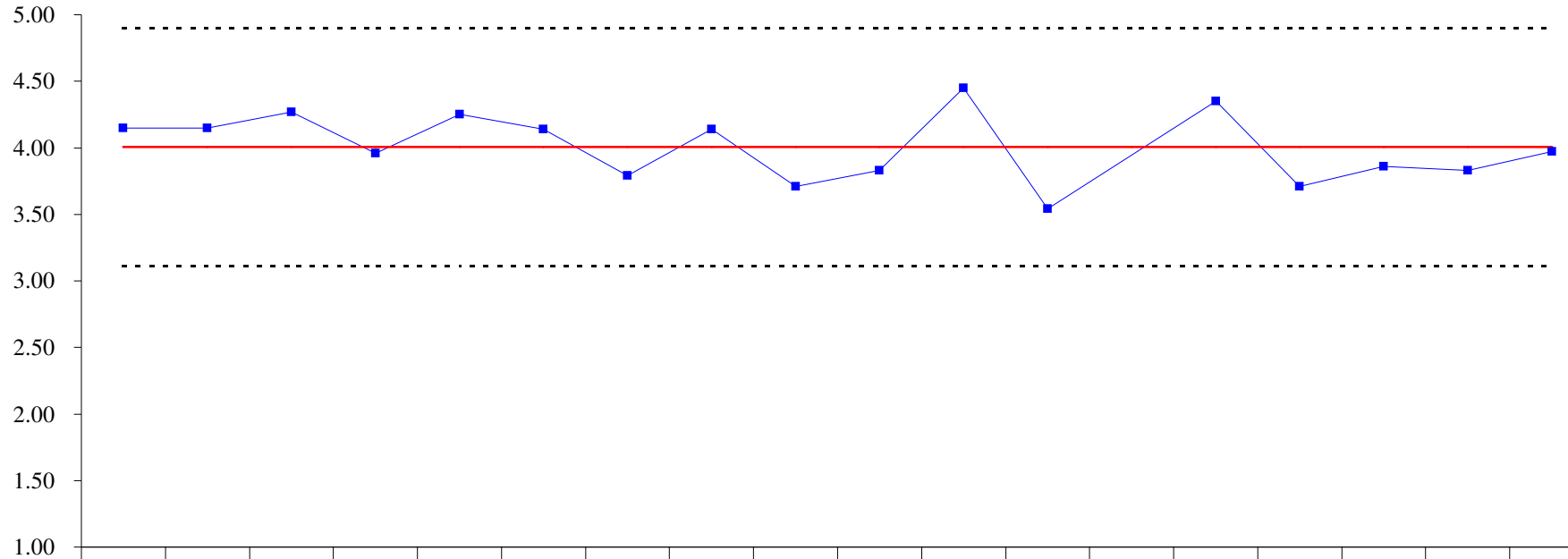
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Kerrville State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep*	Oct	Nov	Dec	Jan-11	Feb
Score	4.15	4.15	4.27	3.96	4.25	4.14	3.79	4.14	3.71	3.83	4.45	3.54		4.35	3.71	3.86	3.83	3.97
Surveys	5	5	3	7	4	6	2	8	4	5	4	5		3	4	1	2	10
Discharges	5	5	3	4	1	6	3	5	5	3	4	6	1	4	6	2	3	14
% Sampled	100%	100%	100%	175%	400%	100%	67%	160%	80%	167%	100%	83%	0%	75%	67%	50%	67%	71%
UCL	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90	4.90
Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
LCL	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11	3.11

KSH provides surveys on request and offer them to annual reviews.

*No Survey Done

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

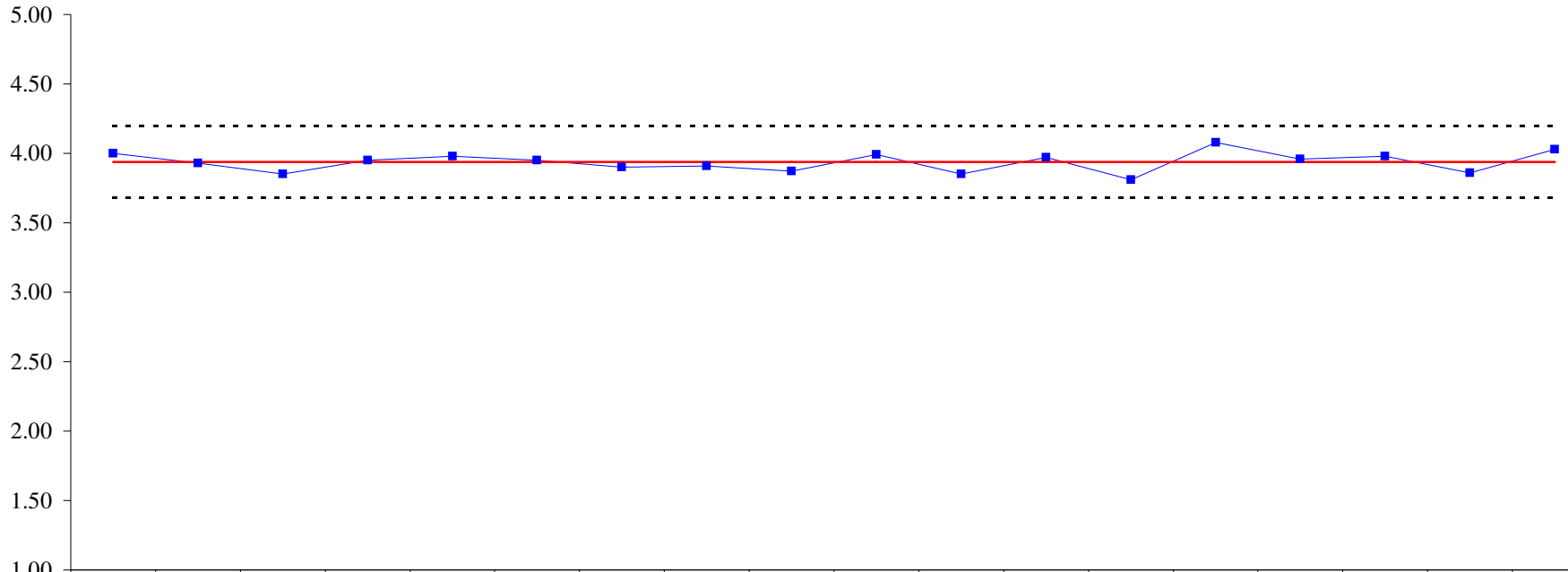
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

North Texas State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	4.00	3.93	3.85	3.95	3.98	3.95	3.90	3.91	3.87	3.99	3.85	3.97	3.81	4.08	3.96	3.98	3.86	4.03
Surveys	62	49	27	42	34	39	45	48	45	44	39	40	44	39	43	36	42	34
Discharges	185	192	144	189	180	189	202	194	193	201	187	188	192	196	168	206	178	164
% Sampled	34%	26%	19%	22%	19%	21%	22%	25%	23%	22%	21%	21%	23%	20%	26%	17%	24%	21%
UCL	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
Avg	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94
LCL	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68	3.68

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

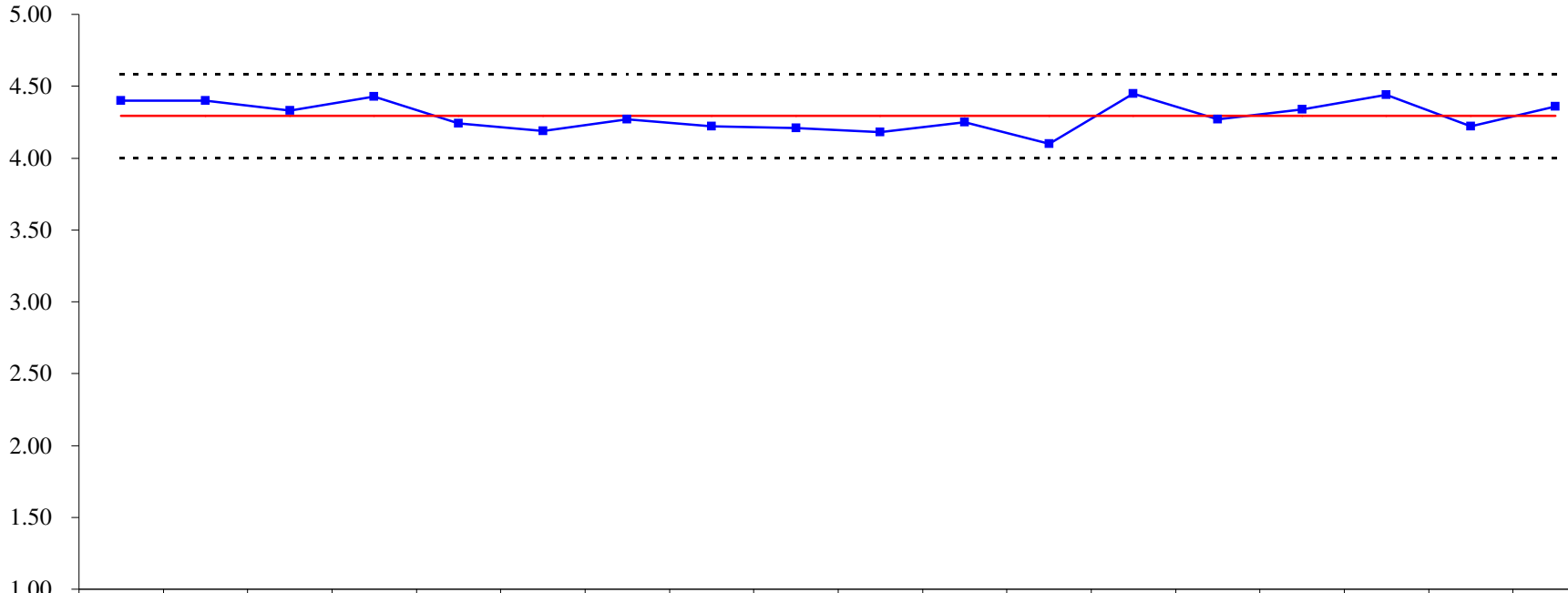
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Rio Grande State Center

Adults & Adolescents will be Satisfied With Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	4.40	4.40	4.33	4.43	4.24	4.19	4.27	4.22	4.21	4.18	4.25	4.10	4.45	4.27	4.34	4.44	4.22	4.36
Surveys	30	67	58	51	28	34	50	47	61	64	56	41	55	68	39	30	47	30
Discharges	106	98	95	109	77	61	87	80	93	107	119	119	118	98	87	90	96	70
% Sampled	28%	68%	61%	47%	36%	56%	57%	59%	66%	60%	47%	34%	47%	69%	45%	33%	49%	43%
UCL	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59
Avg	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29
LCL	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

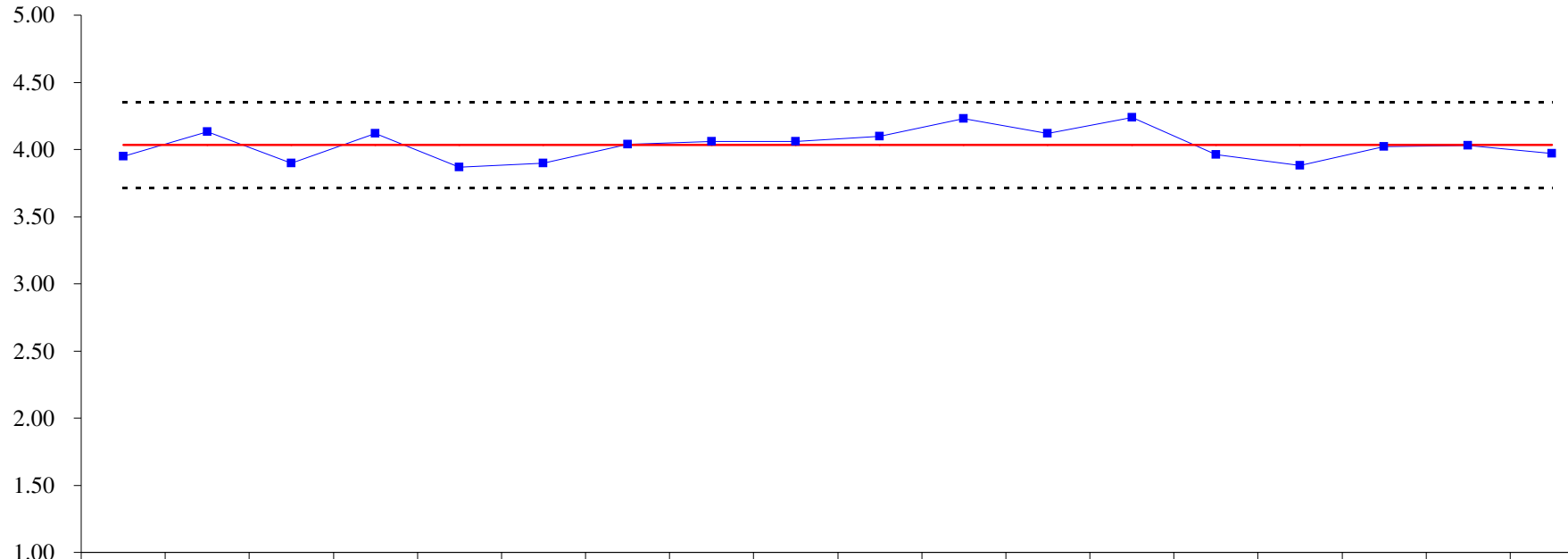
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Rusk State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	3.95	4.13	3.90	4.12	3.87	3.90	4.04	4.06	4.06	4.10	4.23	4.12	4.24	3.96	3.88	4.02	4.03	3.97
Surveys	32	25	30	36	41	29	42	21	26	20	17	21	17	21	19	10	21	14
Discharges	70	78	68	98	92	58	100	76	70	72	99	99	72	94	73	75	79	61
% Sampled	46%	32%	44%	37%	45%	50%	42%	28%	37%	28%	17%	21%	24%	22%	26%	13%	27%	23%
UCL	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35
Avg	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03	4.03
LCL	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71	3.71

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

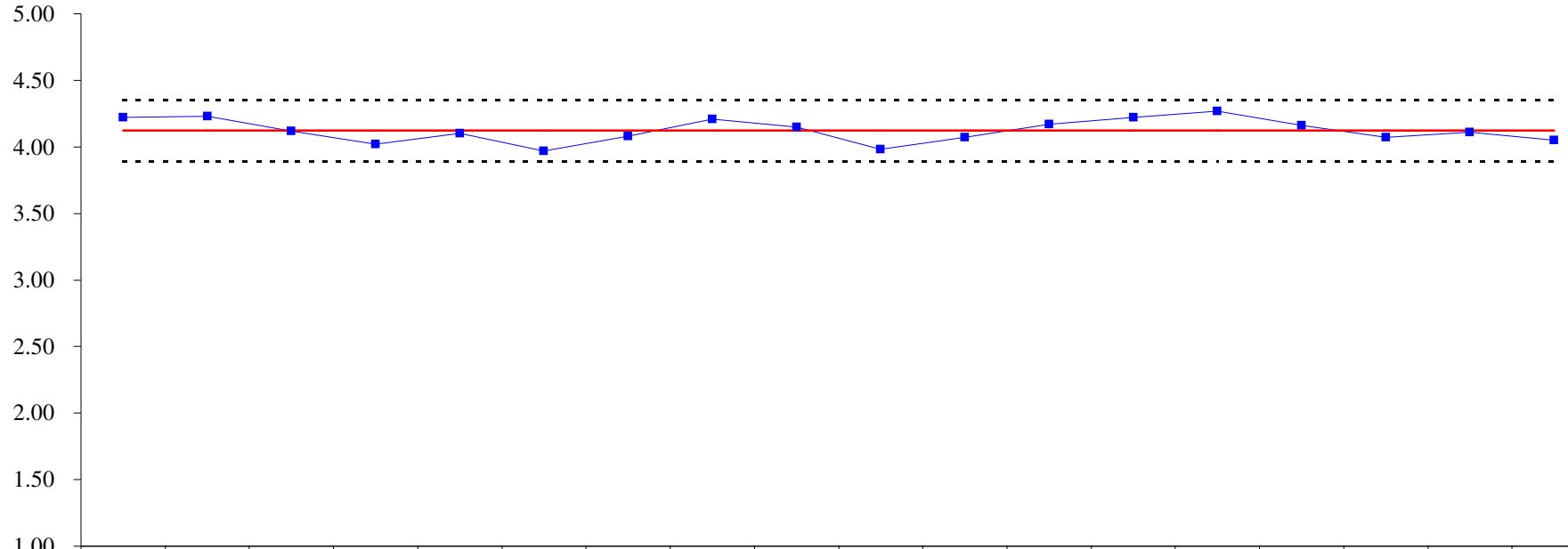
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

San Antonio State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	4.22	4.23	4.12	4.02	4.10	3.97	4.08	4.21	4.15	3.98	4.07	4.17	4.22	4.27	4.16	4.07	4.11	4.05
Surveys	75	95	65	82	75	69	99	95	91	82	56	86	75	67	56	73	59	80
Discharges	144	164	128	162	145	143	198	157	171	168	129	160	172	147	148	149	157	159
% Sampled	52%	58%	51%	51%	52%	48%	50%	61%	53%	49%	43%	54%	44%	46%	38%	49%	38%	50%
UCL	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36
Avg	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12
LCL	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

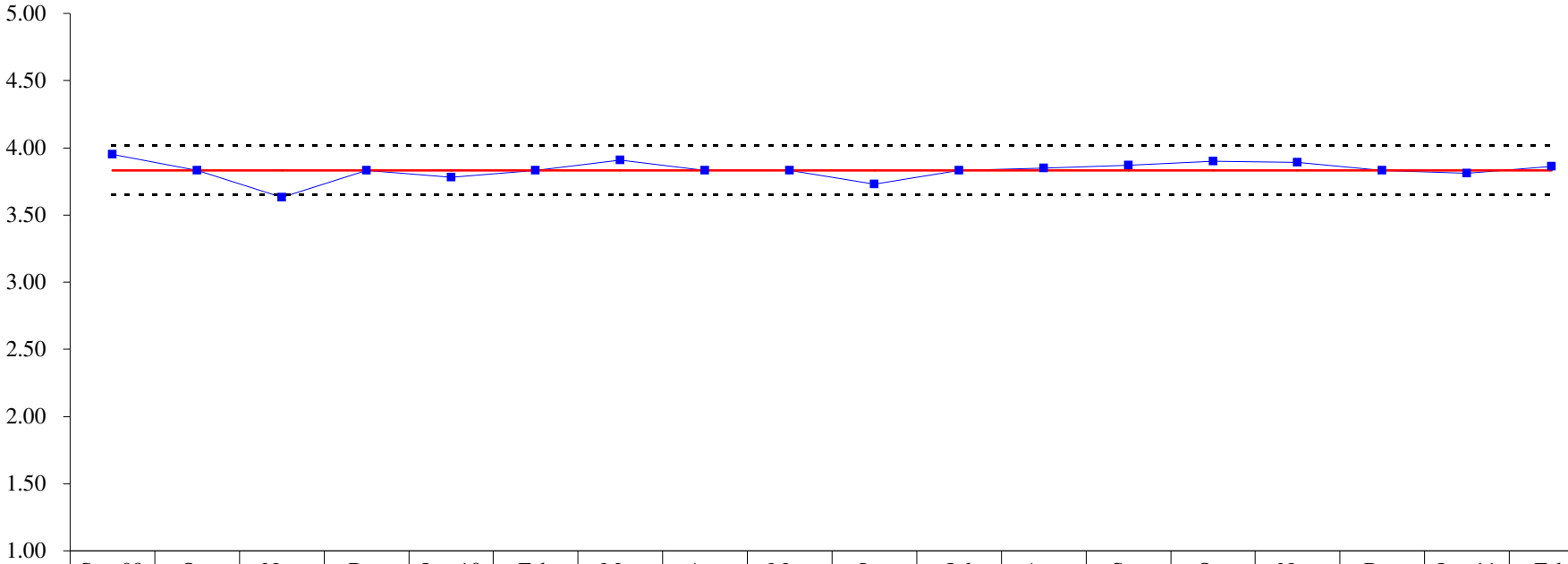
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Terrell State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb
Score	3.95	3.83	3.63	3.83	3.78	3.83	3.91	3.83	3.83	3.73	3.83	3.85	3.87	3.90	3.89	3.83	3.81	3.86
Surveys	97	91	63	74	103	118	121	130	150	165	125	111	137	147	121	160	129	130
Discharges	239	259	205	237	242	234	286	236	247	271	274	258	264	271	246	267	222	199
% Sampled	41%	35%	31%	31%	43%	50%	42%	55%	61%	61%	46%	43%	52%	54%	49%	60%	58%	65%
UCL	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02
Avg	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83
LCL	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65	3.65

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

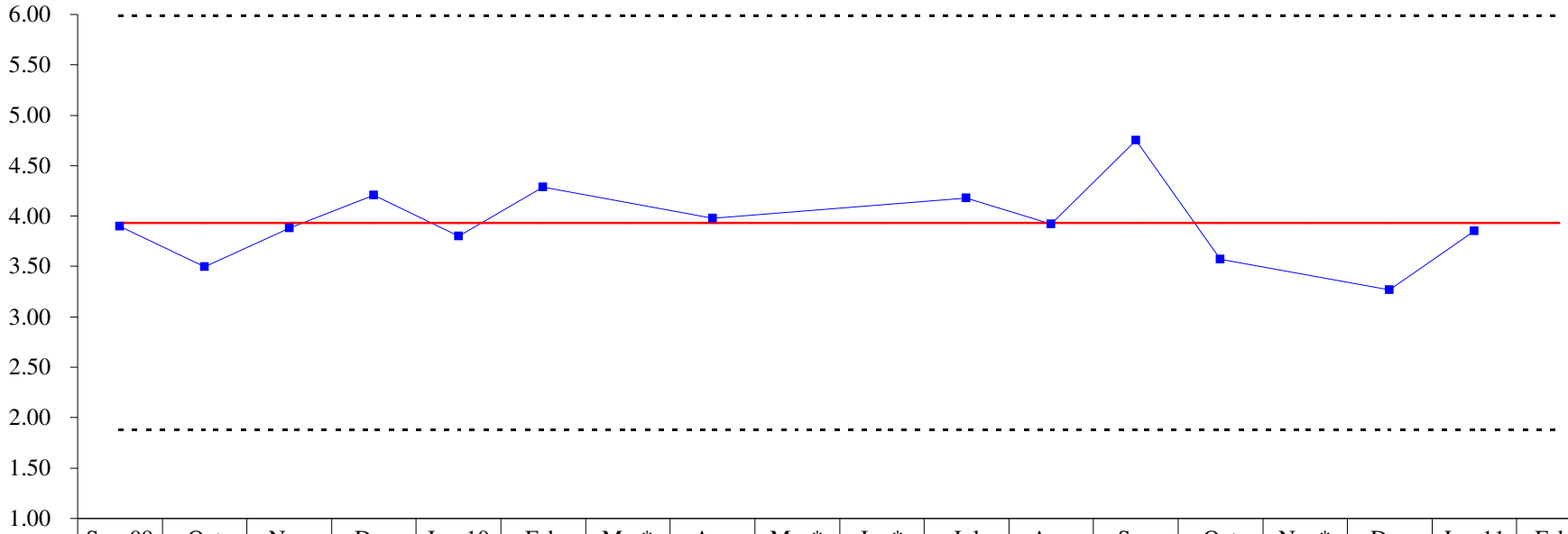
Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Waco Center for Youth

Adults & Adolescents will be Satisfied with Care
(FY2011 Expectation is Average Score ≥3.60)



	Sep-09	Oct	Nov	Dec	Jan-10	Feb	Mar*	Apr	May*	Jun*	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-11	Feb*
Score	3.90	3.50	3.88	4.21	3.80	4.29		3.98			4.18	3.92	4.75	3.57		3.27	3.85	
Surveys	6	2	3	4	3	2	0	2	0	0	1	5	1	2	0	2	3	0
Discharges	10	10	12	13	9	12	16	12	13	10	12	18	16	11	14	18	8	11
% Sampled	60%	20%	25%	31%	33%	17%	0%	17%	0%	0%	8%	28%	6%	18%	0%	11%	38%	0%
UCL	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99
Avg	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93
LCL	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88

*No Survey Done

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain and MHSIP ICS Summary

Chart: Hospital Management Data Services

Performance Objective 9E:

Conduct regularly scheduled assessments of Facility Support Systems through the FSPI process.

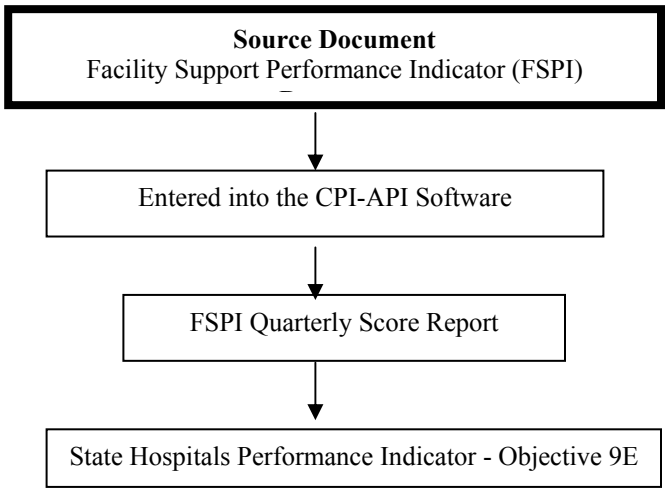
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

Performance Objective Formula: Compliance scores for each instrument are computed as follows: [(# of yes + # of no with justification) / (# of NA – Contract Facility)] x 100.

Performance Objective Data Display and Chart Description:

- Table shows the assessment score for individual state hospitals and system-wide
- Chart shows the assessment score for individual state hospitals.

Data Flow:



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Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2011

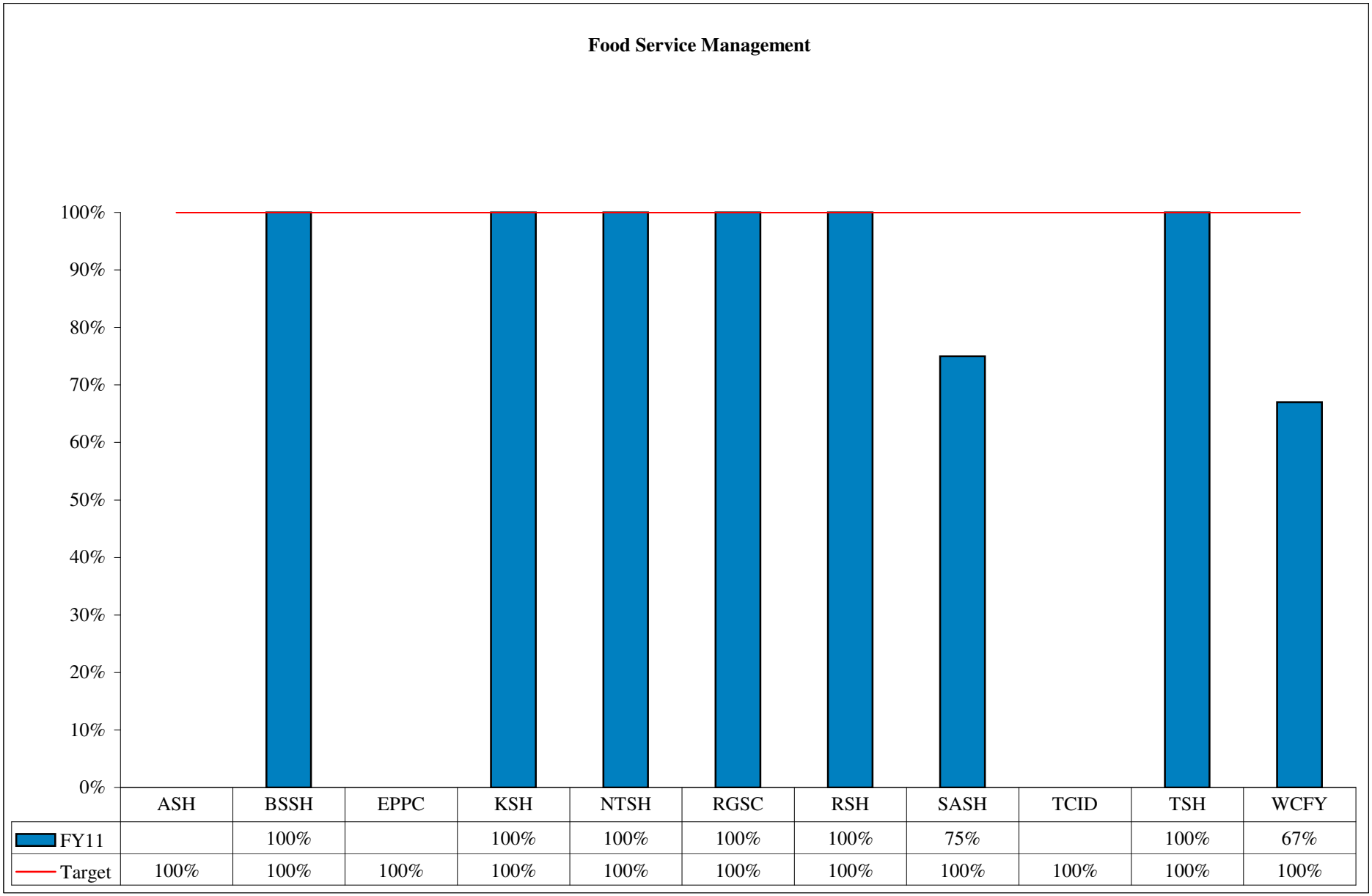
	Q1	Q2		Q3		Q4	
	Risk Management	Food Service Management	Food Inventory	Consumer Monies/ Personal Effects	Fleet Management	Cash Receipts	Petty Cash
Compliance Target	100%	100%	100%	100%	100%	100%	100%
State Hospital Totals	**72%**	**93%**	**96%**				
Austin State Hospital	76%	CF	100%				
Big Spring State Hospital	24%	100%	100%				
El Paso Psychiatric Center	100%	CF	CF				
Kerrville State Hospital	82%	100%	100%				
North Texas State Hospital	59%	100%	83%				
Rio Grande State Center	65%	100%	100%				
Rusk State Hospital	100%	100%	83%				
San Antonio State Hospital	94%	75%	100%				
Terrell State Hospital	100%	100%	100%				
Texas Center for Infectious Disease		CF	CF				
Waco Center For Youth	18%	67%	100%				

*CF = Contract Facility

Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2011
Food Service Management



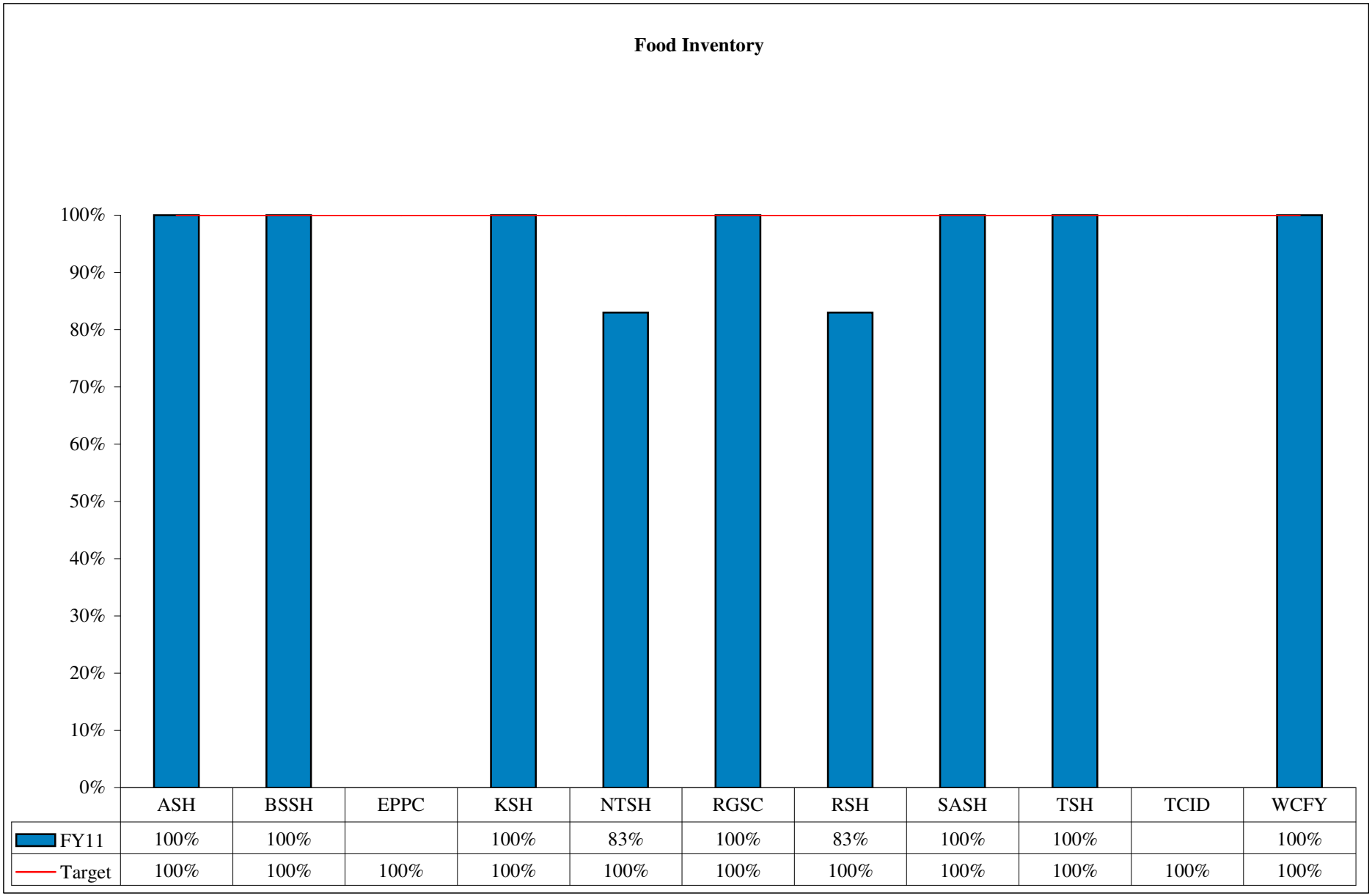
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TCID	TSH	WCFY
FY11		100%		100%	100%	100%	100%	75%		100%	67%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

ASH, EPPC and TCID = Contract Facility

Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2011
Food Inventory



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
FY11	100%	100%		100%	83%	100%	83%	100%	100%		100%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

EPPC and TCID = Contract Facility

Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

GOAL 10: Infection Control

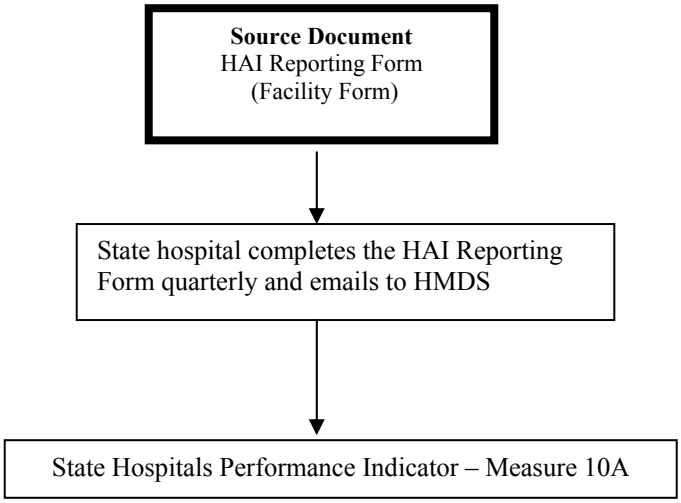
Performance Measure 10A:

Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.

Performance Measure Operational Definition: The state hospital rate of healthcare associated infection rates will be collected quarterly.

Performance Measure Data Display and Chart Description:
Table shows quarterly numbers of nosocomial infection type by ages 0-17, 18-64 and 64+ by the individual state hospitals and system-wide.

Data Flow:



Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q2

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	0	4	0	6	**10**
Surgical Site Infection	0	0	0	0	0	0	**0**
Pneumonia	0	0	0	0	0	0	**0**
Blood Stream Infection	0	0	0	0	0	0	**0**
Bone and Joint Infections	0	0	0	0	0	0	**0**
Central Nervous System Infection	0	0	0	0	0	0	**0**
Cardiovascular System Infection	0	0	0	0	0	0	**0**
Ear, Eyes, Nose, Throat Infection	2	0	0	0	2	8	**12**
Gastrointestinal System Infection	0	0	0	0	0	0	**0**
Lower Respiratory Infection, other than Pneum	0	0	0	0	0	0	**0**
Reproductive Tract Infection	0	0	0	0	0	0	**0**
Skin and Soft Tissue Infection	1	1	1	1	0	1	**5**
Systemic Infection	0	0	0	0	0	0	**0**
Total	3	1	1	5	2	15	27
Rate Per 1,000 Beddays	**1.5**	**1.8**	**0.1**	**2.1**	**0.9**	**2.3**	**1.2**

Table: Hospital Management Data Services

Source: Facility Survey

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q2

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	3	17	1	2	2	1	2	7	1	0	**36**
Surgical Site Infection	0	0	1	0	0	0	0	0	0	0	**1**
Pneumonia	2	2	1	1	1	0	2	0	0	0	**9**
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	**0**
Bone and Joint Infections	0	0	0	0	1	0	0	0	0	0	**1**
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	**0**
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	**0**
Ear, Eyes, Nose, Throat Infection	4	24	5	11	0	1	24	16	8	0	**93**
Gastrointestinal System Infection	0	1	1	0	0	0	0	0	13	1	**16**
Lower Respiratory Infection, other than Pneum	3	76	1	0	1	1	0	0	0	0	**82**
Upper Respiratory Infection	0	0	2	0	0	0	0	0	0	0	**2**
Reproductive Tract Infection	0	7	0	0	4	0	0	8	0	0	**19**
Skin and Soft Tissue Infection	4	53	0	1	0	0	7	13	0	0	**78**
Systemic Infection	0	0	0	0	0	0	0	0	0	0	**0**
Total	16	180	12	15	9	3	35	44	22	1	337
Rate Per 1,000 Beddays	**0.8**	**11.4**	**2.2**	**1.0**	**0.2**	**0.7**	**1.4**	**2.4**	**0.9**	**0.3**	**1.9**

Table: Hospital Management Data Services

Source: Facility Survey

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q2

Age 65+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	0	1	0	1	0	0	0	3	2	0	**7**
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0	**0**
Pneumonia	0	0	0	1	0	0	0	2	0	0	**3**
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0	**0**
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0	**0**
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0	**0**
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0	**0**
Ear, Eyes, Nose, Throat Infection	0	1	0	0	0	0	0	4	1	0	**6**
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	0	0	**0**
Lower Respiratory Infection, other than Pneum	0	2	1	0	0	0	0	0	1	0	**4**
Reproductive Tract Infection	0	0	0	0	0	0	0	2	0	0	**2**
Skin and Soft Tissue Infection	0	4	0	0	0	0	0	12	1	0	**17**
Systemic Infection	0	0	0	0	0	0	0	0	0	0	**0**
Total	0	8	1	2	0	0	0	23	5	0	39
Rate Per 1,000 Beddays	**0.0**	**5.9**	**2.1**	**0.9**	**0.0**	**0.0**	**0.0**	**6.3**	**4.2**	**0.0**	**2.7**

Table: Hospital Management Data Services

Source: Facility Survey

Appendix A

Texas Center for Infectious Disease (TCID) Data Sheet

FY10

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	32	33	37	37	**35**
O 2A	Number of Abuse/Neglect Allegations	0	0	0	0	**0**
O 3A	Number of Patients Restrained	0	0	0	0	**0**
O 4B	Number of Medication Errors	5	13	7	2	**27**
O 4B	Number of Medication Errors that Reached the Patient	4	12	4	2	**22**
M 5A	Number of New Patients to System	18	16	21	24	**79**
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	**0**
M 6A	Number of Patient Injuries	1	3	6	8	**18**
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	11	9	12	8	**40**
M 10A	Facility Healthcare Associated Infection	4	4	4	1	**13**

FY11

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	41	34			**75**
O 2A	Number of Abuse/Neglect Allegations	0	0			**0**
O 3A	Number of Patients Restrained	0	0			**0**
O 4B	Number of Medication Errors	5	4			**9**
O 4B	Number of Medication Errors that Reached the Patient	5	3			**8**
M 5A	Number of New Patients to System	15	21			**36**
O 6D	Number of Patient Injuries during Restraint	0	0			**0**
M 6A	Number of Patient Injuries	0	4			**4**
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	7	11			**18**
M 10A	Facility Healthcare Associated Infection	4	1			**5**

Appendix B - Control Chart Analysis

Starting with the 1st Quarter FY99 Performance Indicator Books, control chart upper and lower control limits are being included in some of the performance indicator graphs. The purpose of this paper is to answer the following questions:

- Why use control charts?
- What information does control charts provide?
- What kind of control chart is used and what is the formula?
- Can control chart analysis be applied to other data as well?

Why use control charts?
One reason to start using control charts is because the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is going to use that methodology to analyze our data. Through the ORYX initiative, the JCAHO will use two types of analysis on the data we will be transmitting to them; control chart analysis and comparative analysis. JCAHO will apply control chart analysis starting with the two initial indicators we will be transmitting to them by the 1st calendar quarter of 1999 for data collected during the 3rd calendar quarter 1998. That gives us a six month advantage on analyzing our data using control charts, before JCAHO does the same. We need to be prepared. Also, during recent JCAHO site visits, we have been "encouraged" to provide more analysis of the data we present. Control chart interpretations and analysis provides a good framework for doing exactly that.

Another reason for analyzing data with control charts is because it is the right thing to do in order to understand variation in data. Even more important, if action is to be taken because of what signals the data is sending, then we need to be prepared to take the RIGHT action.

No matter what the process, no matter what the data, *all* data display variation. Any measure that is of interest to governing body will vary from time period to time period. The reasons for the variation are many. There are all sorts of causes that have an impact on the process measured. For example, how many causes or reasons can be thought of for client injuries? How may causes for client abuse and neglect? The processes and systems we measure could be subject to dozens, even hundreds, of cause-and-effect relationships. This means it is easy to come up with a reason for the current value (or any value), but it also means it is very difficult to know if the explanation is even close to being right. If you ask for an explanation for any one incident, you will receive at least one of the possibly hundreds of causes. Even if you are successful in correcting that one cause, there is a very good chance you will have negligible impact on the system. In fact, you run a high risk of making things worse.

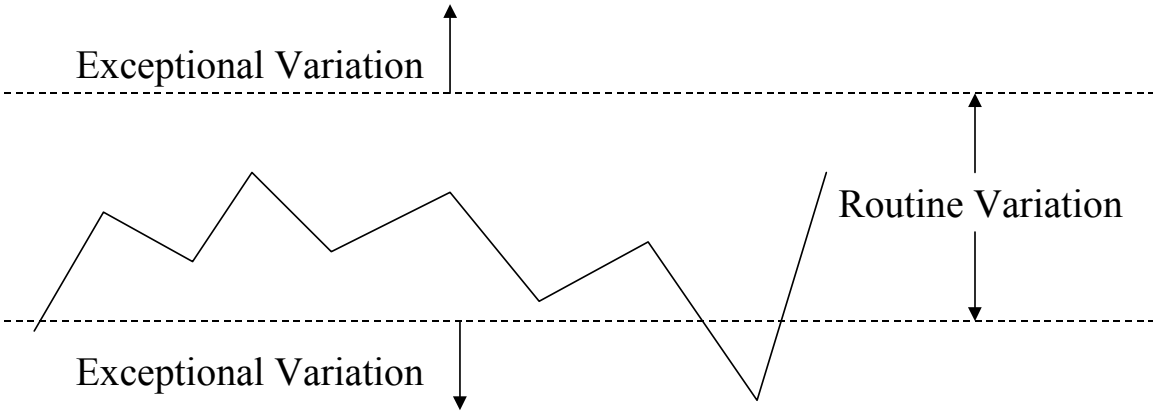
A major issue is that we may be uncertain of our explanation or cause. But what is there to do about it? How can we interpret the current value when the previous values are so variable? One good proven approach is using statistical process control or control charts. We must use them to insure correct explanation and therefore improve our chances of choosing the correct remedy or course of action.

What information does control charts provide?
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable. The second type of variation is exceptional variation. It is not always present. It is not routine. It comes and goes. Because this type of variation is exceptional variation, it is unpredictable.

The first benefit of this distinction is that it provides a way to know what to expect in the future, which is the essence of management.

> *While every process displays variation, some processes display predictable variation, while others display unpredictable variation.*
>
> *Don Wheeler, Building Continual Improvement.*

So how do we put these concepts into practice? We need a way to detect the presence of exceptional variation. Then we can characterize our processes as being predictable or unpredictable. In order to obtain signals of exceptional variation we will compute limits for the running record of our data. As shown below, the idea is to establish limits that will allow us to distinguish between routine variation and exceptional variation.



If we compute values that place the limits too close together we will get false alarms (or false signals) when routine variation causes a point to fall outside the lines by chance. This is the first type of mistake we could make. We could avoid this mistake entirely by computing the limits that are too far apart.

But if we have the limits too far apart we will miss some signals of exceptional variation. This is the second type of mistake we could make. We can minimize the occurrence of this mistake only by having the limits close together.

The trick is to strike a balance between the consequences of these two mistakes, and this is exactly what Walter Shewhart did when he created the control chart. Shewhart's choice of limits will bracket approximately 99% to 100% of the routine variation. As a result, whenever you have a value outside the limits you can be reasonably sure that the value is the result of exceptional variation.

The variation within the control limits will be predictable and have many cause-and-effect relationships. When a process displays unpredictable variation, then the variation must be due to the many predictable common causes *plus* some *additional* causes. Since the sum is unpredictable, we must conclude the unpredictable causes dominate the common cause variation. What this means is, **we must investigate the unpredictable causes first**. Shewhart called these unpredictable dominant causes assignable causes. Deming and others call them special causes and the predictable common cause variation as being systemic causes. Systemic in the sense that the causes are inherent and predictable in the process under scrutiny and that they will remain as causes producing the predictable variation as long as the system goes unchanged.

Therefore, with this knowledge of what produces the measure or process variation, the correct actions can be taken. Actions should address unpredictable or special causes first. This is usually referred to as problem solving or "fighting fires". It is necessary and is important to understand and "fix" the special causes first. If unpredictable or special causes are not corrected first, there is a very high probability that the wrong actions will be taken. Changing a major portion of the process would be premature and could even make things worse (a.k.a. tampering). For example, suppose that one person on a living unit makes a mistake that produces a sudden rise in medication errors. The action taken is a reprimand is issued to everyone to pay close attention to medication errors and prevent them in the future. Many people who have been doing a good job, become demoralized or upset over being indirectly accused of errors. The action was taken on the system as a whole instead of uncovering the exceptional cause of the sudden increase in medication errors.

If no evidence of exceptional or unpredictable or special cause is seen in the control chart, then what action should be taken? The process is predictable or "in control". Should no action be taken? If, for example, the control chart shows that the system is predictably producing 20 injuries a month and that there is no special causes evident, then should nothing be done? Of course something should be done. Action or remedies to reducing and preventing injuries should concentrate on systemic causes, that is, causes inherent in the system producing the injuries. The injuries are not wanted, but nevertheless, are being produced consistently and predictably. The injuries that will be produced predictably in the future, unless action is taken in first finding the significant systemic causes and then taking action on those causes and finally measuring the effect of the actions in relation to reducing or eliminating the problem, in this case injuries.

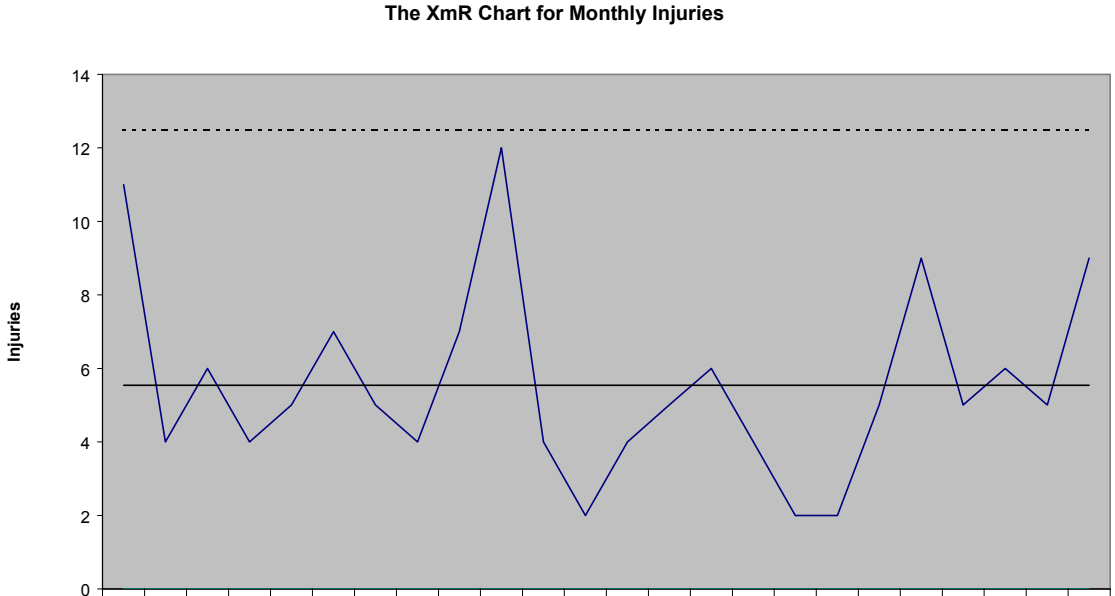
Thus the path to process improvement depends upon what type of variation is present. This is the essence and value of using control chart to understand and analyze the variation present.

- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.

- If a process displays unpredictable variation, then in addition to the common cause variation there is an extra amount of variation that is the result of one or more assignable causes. Improvement will come by finding and removing the assignable causes. Changing a major portion of the process will be premature.

One additional point about control charts is vital. Control charts *do not show specifications* for a process. They do not show targets or goals. They do not show the voice of the customer. Control charts show the voice of the process. They let us see how the process or system is currently working and detect signals that guide us in improving the process or system. They do not show how the process or system *should be* working. For example, the customer may want client injuries below last year's injuries. Maybe management wants injuries to be reduced 20 percent. These two examples are goals or statements related to the voice of the customer. The control chart shows what the system is currently capable of producing if it stays unchanged. The current system can be compared to what the customer wants. To meet the voice of the customer, a plan of action is necessary with measurements to indicate how the voice of the process is meeting or moving towards the voice of the customer.

What kind of control chart is used and what is the formula?
The control limits in the control charts in the performance measurement book will use a basic process behavior chart called the XmR chart. The XmR chart is also known as the chart for individual values and a moving range. Let us look at some example monthly injury data plotted in a XmR chart. Here is how the chart looks.



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Injuries	11	4	6	4	5	7	5	4	7	12	4	2	4	5	6	4	2	2	5	9	5	6	5	9
Average	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54
UCL	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4
LCL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Below the chart is a table showing the example injury data by month. There are 24 months of injuries shown and the average number of injuries is 5.54. We show this value as a central line for the plot. The use of a central line provides a visual reference to use in looking for trends in the values. No trend is seen in these injury values.
In order to compute the upper control limits (UCL) and the lower control limits (LCL) which will filter out the noise of the routine variation, we will need to measure the routine variation. To do this we will compute moving ranges for the injury data. The moving ranges are the differences between successive values. The following table shows the moving range values for each of the 23 months. Note that the first month's moving range cannot be calculated so it is left blank. The number of moving range values is always N-1.

Month	Injuries	Moving Ranges	UCL	LCL	LCL
1	11		12.48	-1.40	0
2	4	7	12.48	-1.40	0
3	6	2	12.48	-1.40	0
4	4	2	12.48	-1.40	0
5	5	1	12.48	-1.40	0
6	7	2	12.48	-1.40	0
7	5	2	12.48	-1.40	0
8	4	1	12.48	-1.40	0
9	7	3	12.48	-1.40	0
10	12	5	12.48	-1.40	0
11	4	8	12.48	-1.40	0
12	2	2	12.48	-1.40	0
13	4	2	12.48	-1.40	0
14	5	1	12.48	-1.40	0
15	6	1	12.48	-1.40	0
16	4	2	12.48	-1.40	0
17	2	2	12.48	-1.40	0
18	2	0	12.48	-1.40	0
19	5	3	12.48	-1.40	0
20	9	4	12.48	-1.40	0
21	5	4	12.48	-1.40	0
22	6	1	12.48	-1.40	0
23	5	1	12.48	-1.40	0
24	9	4	12.48	-1.40	0
Average	**5.54**	**2.61**			

Since moving ranges are used to measure variation, we do not care what the sign if the difference might be. Thus, if you get a negative value for a moving range, you change the sign and record a positive value, as in the example above. Moving ranges are always zero or positive.

The upper and lower limits for the individual data (e.g. monthly injury data) are *called Natural Process Limits*. They are centered on the central or average line. The distance from the central line to either of these limits is computed by multiplying the average moving range by a scaling factor of 2.66. The value of 2.66 is a constant for this type of process behavior chart, and is the value required to convert the average moving range into the appropriate amount of spread for the individual values. The *Upper Process Limit* is found by multiplying the average moving range by 2.66, and then adding the product to the central line of the X chart. The *Lower Process Limit* is found by multiplying the average moving range by 2.66, and then subtracting the product from the central line of the X chart.

In the table above, you see the computed upper control limit (UCL) and lower control limit (LCL). Since the injury data is counts of injuries, a negative LCL is meaningless - counts cannot be negative. Therefore, we have a one-sided X chart with a boundary condition on the bottom (zero) and a Natural Process Limit on the top.

The UCL and LCL are usually plotted on the graph as a dashed line and the average is usually a solid line as in the example plot above. The example data's limits define bands of routine variation for the individual injury data. As long as the number of injuries stay between 0 and 12.5, there is no evidence of exceptional variation. The variation here can be explained as pure noise. There is no evidence of any signals. When a process is predictable the Natural Process Limits define what to expect in the future. From the graph above, we should expect this process to continue to produce counts that cluster around 5.5, and vary from 0 to 12.5. Unless something is done to change the system that is producing these injuries, we can predict that this average number of injuries will continue.

Thus the process behavior chart allows you to:

- Characterize a process as predictable or unpredictable
- Identify points that represent exceptional variation

- Predict the average level to expect from a predictable process in the future
- Characterize the amount of routine variation to expect from a predictable process in the future

It must be noted at this point that there are actually three ways to detect assignable causes: points outside the limits (the most common method and the one discussed above), runs near the limits, and runs about the central line.

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits
A single point outside the computed limits will be taken as an indication of the presence of an assignable cause which has a dominant effect.

Detection Rule Two: Runs Near the Limits
Three out of three, or three out of four successive values in the upper (or lower) 25% of the region between the limits will be taken as an indication of the presence of an assignable cause which has a *moderate* but sustained effect.

Detection Rule Three: Runs About the Central Line
Eight successive values on the same side of the central line will be taken as an indication of the presence of an assignable cause which has a *weak* but sustained effect.

Can control chart analysis be applied to other data as well?
The majority of trend data that we collect within the MHMR system is single point or individual data points. For example, daily, weekly, monthly or quarterly data having one data point per point in time. For this reason, the XmR chart is the most appropriate control chart to use. You are encouraged to plot your own local data on a trend line and apply control limits as described above. Simply plotting the data, even without control limits added, can be very enlightening. Of course, the addition of the control limits gives guidance to the type of action that is needed to continuously improve the process under scrutiny. Also, there are other types of control charts to pick from, depending on the data and how it is collected. Please refer to the sources at the end of this paper, or contact Management Data Service in Central Office.

Too often we produce faulty interpretation of numbers. Sometimes, this faulty interpretation can lead to commendations or reprimands. The faulty interpretations, invariably, are a result of the premise that "two numbers which are not the same are different." This concept is simple, straightforward and WRONG. In, fact, it is wrong on several levels. Even if we measure the same thing with precision, we commonly obtain different values. Even in accounting this is true because every accounting figure is dependent upon the assumptions or categorizations that were required for the computation. There is also the problem of measuring something at different points in time. Raw inputs change such as the people doing the work or measurements, the way things are counted, the delays of getting inputs entered into the system and a myriad of other possible factors. In practice, there is a certain amount of variation *over time* in every measure.

Another very important consideration to keep in mind is related to the problem of comparing measures of different things. When different regions are compared using common measures there is the problem of whether or not the measures were collected and computed in the same way. If the assumptions and decisions necessary to collect the raw data and to compute the measures are not all exactly the same, then it is unrealistic to assume that the measures for the different regions are comparable. Even if the two regions performed exactly the same, they would not necessarily get the same values on a given measure. Thus, in practice, there is a certain amount of variation from *place to place* in every measure.

Given these multiple sources of variation in our measures, we should always make a distinction between the numbers themselves and the properties which the numbers represent. Of course, this is precisely what is not done when numbers are used to create rankings. The rank ordering of the values is transferred over to the items represented by those values, regardless of whether or not the items being ranked actually differ. No allowance is made for variation.

Whenever actions are taken based upon the assumption that any numerical difference is a real difference, those actions will ultimately be arbitrary and capricious. This is an inevitable consequence of the fact that the assumption ignores the effects of variation. Variation is random and miscellaneous, and it undermines all simple and naïve

attempts to interpret numbers. And yet our lives are governed by such interpretations of numbers. Any time the value of some measure changes, people are required to identify the source of that change, and then to take steps to keep it from happening again. We hear calls of "What happened?" or similar "accountability" questions, the explanation for "variances", and "tighter" control. The result is man-made chaos. This is why you should always look at how your data varies over time, plot control limits, then make a more informed decision of what action to take or not take. Analysis focuses on "why" there are differences. Descriptive summaries are inadequate. They may be used as part of the analysis, but you cannot interpret the descriptive summaries at face value. Use control charts!

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